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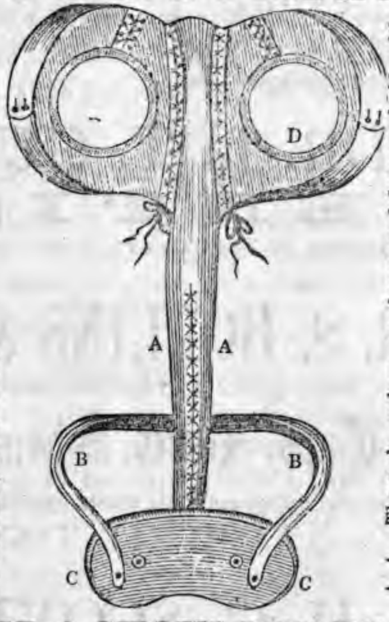

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THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

EDITED BY

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THE
NEW-HAMPSHIRE
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VOL. IV. JANUARY, 1854. No. 1.

[For the N. H. Journal of Medicine.]

CASE OF POISONING BY OPIUM.

NEW MODE OF INDUCING VOMITING.

MR. EDITOR:—Mrs. S., æt. 30, previously in good health, while in a passion, induced by some domestic feud, procured and swallowed from ʒv to ʒviij of tinct. opii. In a short time she became quite stupid. The poison had been swallowed forty-five minutes, when I arrived, and she had taken large draughts of tepid water, and mustard.

She was quite stupid; cerebral vessels distended; face flushed, and could walk only with the assistance of two persons. Wishes to be left alone, that she may go to sleep. While held erect, her head falls to one side, and she breathes with some difficulty.

Ordered an emetic of pul. ipecac and pul. sinapis, aa. ʒij. in tepid water, to be followed by several tumblers of water, the head to be showered with cold water. No vomiting occurred in thirty minutes. Repeated the emetic. Introduced a feather into the œsophagus. Waited fifteen minutes; no relief; symptoms more grave. Ordered two tumbles of diluted vinegar, to be immediately followed by ʒij. of carb. potassa, in water. A powerful effervescence took place, which instantly produced most copious vomiting.

This is a new remedy with me in such cases, and one attended with most desirable results. It may answer instead of the stomach pump in many cases. If you think the case of sufficient interest, it is at your service for the Journal.

JAMES M. NYE.

Lynn, Mass., Nov. 17, 1853.

[We recollect reading some years since, a case similar to the above; if our memory serves us right, in that case the patient, (from insensibility or obsti nacy,) could not or would not swallow; the solution of alkali and the vinegar were injected into the stomach through a tube; they were used in large quantities, and got up quite an impromptu "spouting fountain." In that case as in this, the result was satisfactory.—ED.]

[For the N. H. Journal of Medicine.]

MEDICAL EXAMINATION AT DARTMOUTH COLLEGE.

MR. EDITOR:—The examination of candidates for the degree of M. D., at Dartmouth College, was held on the 7th and 8th November. Dr. J. E. Tyler, of the N. H. Insane Asylum, was present as a delegate from the N. H. State Medical Society,—the other delegate, Dr. A. F. Carr, of Goffstown, being prevented from attending by sickness in his own family.

The following gentlemen were admitted to the degree of Doctor in Medicine—their residences and the subjects of their theses also being as follows: James P. Barnett, New-York City—Nature of Absorption; Charles C. Beckley, Windsor, Vt.,—Miasmatic Fever; Andrew J. H. Buzzell, Dover—Delirium Tremens; Nathan Call, Boscawen—Ætiology; Alphonzo G. French, Warren—Remittent Fever; William M. French, Paper-Mill Village—Acute Pleurisy; Wm. A. Griffin, Roxbury, Mass., —Acute Pneumonia; Alex. P. Hanna, Grand Isle, Vt. — Pulmonary Consumption; Andrew J. Huntoon, Langdon—Acute Pneumonia; Yorick G. Hurd, Peterborough—Acute Peritonitis.

On the forenoon of the 9th, a very interesting address to the graduating class was delivered by Dr. Tyler, in the Chemical Hall of the Medical College; after which the degrees were conferred by N. Lord, D. D., President of the College. The class has been somewhat larger during the past than the preceding terms; and a more gentlemanly and studious class of young men has never been assembled in the Medical Institution of our State. E. R. P.

THE DUTY OF PHYSICIANS TO SUSTAIN OUR PERIODICAL LITERATURE.

BY FREEMAN KNOWLES, M. D.

THERE are perhaps few subjects of more importance to the profession at large, than that of our periodical medical literature; nor is there one in which the great mass of the profession are so remiss in furnishing the "material aid" for the support of a good medical journal, and facts and discoveries on which it must subsist.

It has become proverbially true, that many of our best and most experienced physicians never furnish a line or a word of encouragement to the conductors of our medical journals; while here in the West, is it too much to say that not over half even subscribe for and take any medical periodical whatever?

Brethren, these things should not be so. If you wish to hold an honorable rank in your profession, and contribute your full share to make that profession to which you are devoting your lives, what it should be—an honor to yourselves and a blessing to mankind—support your periodical press, support it by words of lofty cheer, support it by subscribing for home as well as foreign journals, and, lastly, though not least, support it by your contribution of facts and experiments, and you will soon find that such labor is twice blessed—that it blesses both giver and receiver.

Young men who have closed their period of pupilage with their preceptor, finished their last course of lectures at their alma mater, received their diploma with the broad seal of the institution, are too apt to think they have closed their medical education, and that thenceforward they have nothing to do but wait quietly for professional distinction and emolument. To all such let me remark, you have mistaken your vocation; professional drones have been the canker and blight on all true professional distinction; and, though in such a course a man may obtain his bread, he will never rise above a degrading mediocrity in his cause, and will be rather a curse than a blessing to the people among whom he may be situated. Such a course, let me remark, is not in accordance with duty to yourselves, your fellow-men, your country and your God; for, be it remembered, that progress is the great law of our being; and when you have left the office of your preceptor and the halls of your alma mater, resolve to be a student of nature,—the wide arcana is open before you, and if you are true to her and yourself, you may enter into her temple, and feast upon her transcendant mysteries.

What, then, let me ask, has produced the distinction of the Bells, the Hunters, the Beaches and the Gregorys, of England; the Dupuytrens, Cuviers and Bichats, of France, and a host of other distinguished names all over the continent. And again, what has enabled so many of our own distinguished sons to scale the rugged paths of eminence, and with their own hand to write immortality upon the Temple of Fame. It has been industry, energy, perseverance, and an indomitable will and determination to succeed. All should remember that Minerva is a jealous goddess, and puts a high price upon the honors of her court, and that she will not permit her pupils to waste their hours in soft slumbers and yet obtain the rewards of merit,—it is only on the heights of Parnassus that she distributes her laurels. We must therefore climb, and cling to its rocks and precipices, its boulders and evergreens, till we gain the summit, before we can wear the crown.

How important, then, to professional usefulness and distinction, are habits of industry and untiring perseverance in the cultivation of medical science.

All around us the great fields of vegetable, mineral and animal creation are inviting scrutiny and investigation. There is labor enough for each and enough for all; and when we enter this field we should enter it as free and independent observers, with no theories to bolster, no prejudices to gratify, and no opinions to sustain; but ever remember that *scepticism in medicine* is wisdom. We shall then, in all our investigations, be guided by an honest desire after truth. This truth will become our motto, and in the same ratio that we seek after truth with energy, industry and perseverance, shall we find it.

We wish to call the attention of the profession to another important consideration, on the success of which much of our character and medical literature depends, and that is the support of our HOME MEDICAL SCHOOLS.

We are fully aware that much may be said in favor of our excellent Eastern Medical Institutions. It is also true that very much may be said in favor of a Western patronage of our own Medical Schools.

The Professors in nearly all our young Western Schools are men who were educated in the East, have had all the advantages that such schools confer, besides the long years they have spent among and combatting with the very diseases the Western student expects to spend his life; and unless our Professors are very "degenerate sons of noble sires," *ceteris paribus*, they are more competent to teach Western students than most of those who so honorably fill the chairs in the schools in the Eastern States.

Then, what we would say to the Western student, is, *exhaust the sources of learning in your home Medical Schools*, and then if you have time and money to spare, visit not only our Eastern, but the schools of England and continental Europe, where you may store your minds with all the rich treasures of science and art which the oldest and best can bestow. When returned, you may bless your native land by devoting the maturity of a widely cultivated mind to the best interests of suffering humanity.

But if you have neither time nor means for such an expenditure, your time, as a general rule, will be better spent in exhausting the medical sources at home, studying the diseases incidental to your climate and locality, than by seeking that in foreign schools, which, in many instances, is rather ornamental than useful, to the exclusion of that which will render you a useful and successful physician.

There is another point to which I wish to call the attention of our Western physicians; and that is, write for your home journals; communicate facts, every thing new or interesting, either as it may relate to articles of the materia medica, discoveries in the modus operandi of medicines in their application to given cases of pathology. Scarcely an epidemic occurs, when the intelligent scrutiny of the practitioner will not discover some new feature or peculiarity not hitherto observed. If these facts were all faithfully transmitted to the medical journal of your State or section, what a mass of clinical information would be gathered, and in turn scattered broad-cast to all parts of the country, furnishing important data for the evolution of great principles which are to serve as beacon lights to guide the student of nature' and the practicing physician in times of uncertainty and doubt, peering up amid the gloom of professional and scientific investigation, like a light-house to the tempest-tossed mariner, enabling him to guide his laboring bark in safety to the calm and peaceful haven of rest. So such facts and principles aid the physically and mentally over-tasked physician in seasons of doubt and peril, when some important case is vibrating between life and death. If the patient be the father of a large and helpless family, entirely dependant upon his exertions for support, the pleadings of that heart-stricken and suffering family, in looks more eloquent than words, "oh, save my husband, save my father," ring in his ears, and vibrate in his very soul. What, then, would he give for some principle, some fact, that should enable him to rebuke the disease, calm the throbbing heart, and bid health and vigor once more course through his frame and mantle his cheek — granting him the power, under Providence, to give back the husband and father to that weeping, trembling, rejoicing family.

Then, friends, treasure up your experience, be willing to contribute your share to add to the motive power that shall move on the car of progress in professional and scientific improvement; so shall you become benefactors of your race, add to your own professional renown, and have the satisfaction of feeling, at the close of life, that you have done your duty.—*Iowa Medical Journal.*

ON THE APPLICATION OF GUTTA PERCHA IN THE TREATMENT OF DISEASES OF THE SKIN.

BY ROBERT I. GRAVES, M. D., F. R. S.

DR. GRAVES directs the attention of practitioners, in the treatment of certain forms of cutaneous disorder, to the necessity of protecting the abraded and tender surface of the skin, the *cutis vera*, from the contact and action of the air and other hurtful agents. The effect of blood coagulating over a cut or abraded surface, is known to be beneficial, and not less serviceable are those secretions which are furnished by surfaces abraded and in a state of inflammation. The premature and forcible removal of all these discharges, ich are to be regarded as natural coverings, is always injurious, and tends continue inflammation and irritation, and consequently to defer healing, protract the disease.

r. Graves thinks that artificial substitutes for these secreted coverings, or artificial coverings over them, may be useful in effecting the healing of extensively abraded surfaces in cutaneous disorders. Of this nature are solutions of collodion, which have been in occasional use for some time; and more recently solutions of gutta percha in chloroform, have been employed with similar beneficial results.

It is well known that there are certain obstinate forms of cutaneous disorder, in which, whether from the nature of the disorder, or the extent of the skin abraded, denuded, and irritated, it is often difficult to effect either cure or alleviation. Such are some of the forms of psoriasis, eczema, impetigo, and leprosy. In treating affections of this kind, a covering of gutta percha seemed to Dr. Graves well calculated to protect the tender surface, and thereby to promote the healing process. After various trials with this agent, the results have been such that Dr. Graves conceives that they ought to be well known. The therapeutic application of gutta percha is mentioned by Dr. Neligan in his recent work. But it may be useful here to give some notice of the method, from the account by Dr. Graves himself.

When the saturated solution of gutta percha in chloroform is spread by means of a camel's hair pencil over a portion of the skin, the solvent fluid rapidly evaporates, leaving a delicate and extremely thin pellicle of gutta percha firmly adhering to the part. The peculiar toughness of gutta percha prevents this pellicle from being brittle, and therefore it is much less liable than collodion to crack and fall off in small scales. On the forehead or face, where it is not affected by friction of the clothes, it remains firmly attached for five or six days, or even longer; but on other portions of the surface it is often rubbed off much sooner. Over dry eruptions of the skin it lasts longer than over those which are moist, and over smooth and firm spots, of course, longer than over those covered with rough morbid scales or loosely adhering crusts. Before the application of this solution therefore, the practitioner will do well to render the portions of the cutaneous disease to which he intends to apply it, as free as possible from crusts or scales, by means of poultices, alkaline lotions, &c. When the precaution is taken, he will find that the artificial cuticle which he has applied with his brush, will, in certain cases, act most sensibly on the subjacent disease, diminishing inflammation and its consequences, and powerfully contributing to the restoration of the healthy structure of the skin.

Whether it acts by the equable pressure which the film of gutta percha, suddenly coagulated from the fluid state, must exert on the surface to which it becomes so firmly adherent, or whether its efficacy be rather owing to other causes, it is beside the object of Dr. Graves in writing this notice to discuss. He remarks, however, that the curative properties of such an artificial covering are not confined to the skin; for, in the "Gazette Medicale e Paris," (April 10, 1852,) is an account of the successful application, by M. Dechange, of collodion in orchitis; and the *modus operandi* is said by *im to consist in its compressing* the tissues, and protecting the parts from the action of the air, which he thinks is a powerful element of phlegmasia. Without giving an unqualified assent to this explanation, Dr. Graves has no hesitation in announcing his firm conviction, that, in diseases of the skin, this solution furnishes us with a new and active remedy, exerting effects quite different from those produced by any topical application hitherto in use.

The transparency of this artificial membrane enables the surgeon to watch the progress of the subjacent diseased skin, and its colorless nature prevents it from disfiguring the face when the eruption occupies that part. Its perfect cleanliness, too, is no small advantage, and affords a very agreeable contrast when compared with the usual ointments, &c.

The observations of Dr. Graves confirm what reasoning on this subject would lead us to expect, that this application is more suited for dry, scaly, tubercular, and chronic diseases of the skin than for acute affections attended with much oozing of fluid and comparatively active inflammation.

Still, its good effects are by no means limited to chronic diseases of the skin, or those of a scaly, dry nature; for, as will hereafter appear, Dr. Graves has seen it decidedly useful in the spreading form of impetigo. His experience of this remedy makes him anxious to witness its application in the first stages of erysipelas, as analogy leads him to hope for good results in such cases.

Of course the patient must aid the efforts of the physician, and must, as far as possible, abstain from every thing which tends to rub off or injure the artificial cuticle; for its virtue ceases when its continuity is broken and the external air finds admission to every part of the diseased surface.

Early in the month of November, 1851, Dr. Graves was called to visit Mrs. C., from ———. She was about fifty years old, full and plethoric; the mother of a large family, and, until the disease of which she then complained, commenced, generally healthy. About two years before, she observed small spots of impetigo on her limbs and body, which succeeded each other, some healing while fresh ones appeared. During summer, she was nearly free from them, but last autumn they returned with greater virulence than ever, and have since increased both in size and numbers, some being larger than the hand, and attended with constant oozing of fluid, which imperfectly coagulates, forming loose and thin crusts. The itching at night was intolerable, and nearly deprived her altogether of sleep. Dr. Graves employed the usual general and topital treatment for a fortnight without alleviation of her sufferings, when he thought of trying the saturated solution of gutta percha in chloroform, and had it carefully applied by Mr. Nicholls, of Dawson street, at first by way of trial, to one of the smaller spots, and on the following days to each of the larger patches of eruption in succession. The relief obtained was such that it appeared almost incredible, both to the patient and her family. Her cure was accomplished in less than three weeks; *for, dreading the sudden* stopping of so great a discharge and so much cutaneous irritation, he proceeded cautiously, and towards the end of the cure, when she returned home, he directed an issue to be inserted in her arm, as a measure of precaution. She has continued well up to the present time, (11th April, 1852.)

In this patient the attendants were at first obliged to reäpply the gutta percha every second day, as it was rapidly detached and broken up into large flakes by the discharge from the subjacent surface. Its healing influence, however, speedily diminished the diseased secretion, and then the artificial cuticle remained longer adherent, and it was not necessary so often to use the scissors for the purpose of cutting off the loose portions of gutta percha membrane previously to applying a fresh layer. The camel's hair brush should be plunged, the moment it has been used, into hot water, to prevent it from being consolidated by the coagulated gutta percha.

This case caused a great sensation among the patient's friends and relatives, and many were the inquiries made relative to the method of cure employed. Dr. Graves confesses that his own astonishment at the result was not less than theirs.

Since that time Dr. Graves has repeatedly used this application in *acne of the face*, in which disease each of the pimples should be covered with the solution, and the patient enjoined not to rub off the pellicle by washing, &c.

In some, this treatment alone causes a material and rapid diminution of this tormenting eruption, and by perseverance in this plan there is every appearance in two of his patients that the tendency to throw out the pimples is gradually ceasing.

Finally, in several cases of psoriasis, Dr. Graves applied this solution with great benefit. In this disease much care must be taken to prevent the application being rubbed off by the clothes, and no woolen stockings or rough garment of any sort should be allowed next the skin. I had the satisfaction of curing in a fortnight a chronic psoriasis of the back of the hands and arms in a lady who had been under homœopathic treatment for six months without deriving the least advantage from the infinitesimal doses prescribed by the practitioner.

Since the preceding observations were written, Dr. Graves received the following note from Mr. Moore. The additional information concerning the effects produced by the application of collodion strongly verifies the observations respecting the local antiphlogistic action of a gutta percha pellicle :

"M. La Tour has for some time advocated the doctrine that external inflammation may be speedily subdued by withdrawing the affected surface from the influence of the air. This he effects simply by a layer of collodion, which, he says, rapidly assuages the inflammation of gout and articular rheu- atism. At the meeting of the Academy of Medicine, on the 8th of Feb- ry, M. La Tour related a case of peritonitis, in which the symptoms were sipated within twenty-four hours, by the application of a layer of collo- on to the whole surface of the abdomen."

Postscript, June 7th, 1852. My anticipation respecting the utility of an artificial cuticle applied over the parts affected by commencing erysipelas, has, I find, been verified, as appears from the following paragraph taken from Dr. Neligan's able Treatise on Diseases of the Skin:

"Acting as an impermeable varnish, and probably producing some effect, also, by the compression it causes, collodion has been successfully employed by Spengler and Rapp, as a local application in erysipelas. The parts are thickly coated with it by means of a camel's hair pencil, and it is renewed as ofted as may be required in consequence of its cracking and peeling off when dry."

When Dr. Stokes heard of the success of Dr. Graves in other cases, he resolved to try the gutta percha solution in small pox, and the result of two trials is most encouraging, and leads to the hope that at length a means of preventing the formation of disfiguring scars on the face in that disease has been discovered. Dr. Stokes has allowed Dr. Graves to publish the following case treated by him at the Meath Hospital, and noted by this clinical clerk, Mr. Robert P. White:

Catharine Sherlock, aged twelve, was admitted 13th May, (seventh day of eruption.) Her illness commenced by headache, pain in her loins, and rigors, but without sickness of the stomach; she was never vaccinated. On admission, she had a good deal of fever of a typhoid type; the eruption had come out well, was confluent, and had completely covered her face; she complained very much of pain and itching of her face and head, which kept her from sleeping. The solution of gutta percha was applied, and apparently gave her much relief, for she was easier afterwards, and ceased rubbing and tearing her face in the manner in which she had been doing before. Wine was also freely given.

May 22. All trace of the disease has nearly gone, the crusts coming off in large pieces, and the remaining marks of the disease being very trifling when compared with the violence of the attack.

The same effect of the solution in keeping the face moist was also observed in this case.

In communicating these cases, Dr. Stokes observed, as worthy of notice, and probably connected with the beneficial result produced, that the most remarkable effect of the gutta percha was to keep the face constantly moist, and to prevent the formation of hard and irritating crusts. He also mentioned a singular illustration of the effects of total exclusion of air from the cutaneous surface as a preventive of the eruption in small pox. It was that of a man who, while in the Meath Hospital for a scrofulous enlargement of the knee joint, was attacked with this disease; the knee had been previously tightly strapped with adhesive plaster, and on the disappearance of the eruption, it was seen, on removing the strapping, that not a single pustule had been developed on the parts which were thus covered.

It is scarcely *necessary to add, that ho*wever useful solution of gutta percha in chloroform, or any other topical applications, may prove, it would be, nevertheless, absurd to expect from them a radical cure of those chronic cutaneous affections which arise from constitutional causes, whether strumous, syphilitic, or cancroid. As well might we look for the cure of scarlet fever, small pox, or measles, by means of remedies applied to the skin solely with the view of relieving the eruption. Still, in every chronic disease, it is manifestly desirable to diminish, by topical means, the annoyance or disfigurement arising from the cutaneous affection. This relief cannot but be serviceable if it did nothing else than afford time for the due and gradual employment of a well directed constitutional treatment. Dr. Graves saw this lately well exemplified in the case of a young lady who had been under the care of an eminent London surgeon for many months, and from whose medicines she had derived no relief. She was the subject of a most disfiguring eruption, agreeing in character with the *lupus supiginosus* of late writers; it occupied sparsely the nostrils and cheeks, but on the forehead it formed an extensive group of sores. Some spots it left hypertrophied after healing, but in general its course was marked by white depressed seams. It had been the seat of constant irritation, which the patient could not avoid increasing by scratching during sleep, and consequently the surface of the face usually exhibited a number of bloody points, adding to its disagreeable appearance. The entire eruption healed after a six weeks' application of the gutta percha, and she is now (what she has not been for two years) free from any cutaneous irritation. Time alone can determine whether relief will be permanent; but there can be no doubt of the great value of the advantage already gained.

Dr. Graves observes, that, in psoriasis and other chronic cutaneous complaints unattended with any constitutional derangement, it is of the greatest consequence to check the growth of each new spot. This the gutta percha does most effectually in psoriasis, and when applied daily to any recent points of irritation, it smothers, as it were, each nascent centre of future blotches.—*Dublin Quart. Jour.*—*Med. Exam.*

Medical Properties of Ox Gall.—*Read before the Montgomery County Medical Society.*—The broad and catholic grounds which we, as physicians, occupy, stimulates us to push our researches in every direction, in order to extend our area of available medical knowledge. In no way can our efforts be spent to better advantage, than that of trying to enlarge our list of efficient remedies. We are bound to use all means, whether moral or physical, which the indications of science or the test of experience point out as the most successful in the removal of disease. Of the physical means, we, as regular physicians, have the privilege of selecting any thing which the material world ords. We may use a substance of any form, whether aeriform, fluid, or solid, or from whatever kingdom of nature it may be derived, whether animal, vegetable, or mineral.

The article that we have selected, and concerning which we propose to make a few suggestions, is taken from the animal kingdom, and belongs undoubtedly to that class of substances termed *secretion.* Ox bile, which has been brought very prominently before the profession, by Dr. Charles Clay, of Manchester, and other eminent British physicians, some few years since, has not been, as we think, so fully tested in America, with regard to its medicinal properties, as its merits deserve. It was brought into use, in the first place, from a suggestion that it might act as a substitute for the human bile, in the case of patients who seem to suffer from a deficiency, or perverted condition of that important secretion. In a country like ours, where perhaps three-fourths of all the disease with which we have to contend, is derived either directly or indirectly from a morbid condition of the liver, it would be well to pay the most strict attention to every remedial agent which may in the least promise to be serviceable in these cases. We do not expect that this article would meet successfully many of the symptoms growing out of the *retention of the bilious matter in the circulation ;* but that it will remove that distressing condition of things caused by its *absence from the alimentary canal,* will scarcely admit of a doubt. In order to accomplish the first named object, it would necessarily have to eliminate the bilious matter from the blood, or restore the healthy action of the hepatic system. This last, however, might be done by its acting as a healthy stimulus upon the mucous membrane of the duodenum, thus (according to a well known principle in medicine) indirectly exciting the liver through the medium of its excretory duct. For this reason we are of opinion that inspissated ox bile could be used in jaundice and other like bilious affections with benefit.

Much might be said concerning the office of the secretion of the liver in the system of man, but the destined limits of this paper will not permit. Suffice it to say that its absence from the alimentary canal is invariably connected with symptoms which render life a burden. From the character of these symptoms, if from no other circumstances, we are naturally led to infer that the bile, in the animal economy, acts more particularly as an antacid and solvent in the stomach and bowels. The most common effects of a deficiency in quantity or quality of the bilious secretion are dyspepsia, acidity of the stomach, and obstinate constipation. It seems quite evident that these conditions are owing more to the absence of a sufficient quantity of good bile in the alimentary canal, than to its retention in the circulation; and for this reason we infer that this peculiar substance is a *secretion,* intended for useful purposes, and not an *excretion,* merely, as is contended by some.

We then propose to treat those affections arising from deficiency either in quality or quantity of the bilious secretion, by administering that which will prove, as we think it will in many instances, a substitute for it. If we may believe the testimony *of several distinguished* medical philosophers and prac titioners who have used the ox bile in dyspepsia, and in its almost infinite variety of attendants. we will be fully convinced of its great utility. It generally corrects the acidity of the stomach and consequent head-ache which so often harass dyspeptic persons. Its alkaline properties seem to counteract the acid. and thus remove all the symptoms depending upon it. Cases are mentioned. upon the highest authority, in which the patient, after resorting to every article in the list of cathartics, in order to remove the constipated habit so frequently attending dyspepsia, have received permanent relief from the use of the inspissated ox gall. It has been used in cases in which the blue pill was inadequate to the purpose of producing any but the most transient effect. and in which all purgatives would leave the bowels in the same if not a worse condition than that in which they found them. The patients were compelled to linger on for three or four years, being almost daily under the painful necessity of taking cathartics, which would produce much griping and general uneasiness after taking them. Under these perplexing circumstances. the article to which we have called attention has been administered in the form of a pill with the happiest effect. One of these pills, (5 grs.,) has been given every three hours. and at these rates they scarcely ever fail to produce in less than twenty-four hours, full stools of natural consistence, and that, too. without any pain whatever attending their operation. After taking one of these pills twice or thrice per day, for five or six days, the acidity almost always leaves the stomach, also the head-ache subsides, and the bowels resume their natural and healthy condition.

The first instance in which I have used the inspissated ox bile, was in the case of Mr. R———, aged 25 years. an intelligent young gentleman of my acquaintance. who had been laboring under dyspepsia attended with slight hypochondria and the most obstinate constipation. He was of a delicate nervous temperament, and much given to sedentary habits. He was very much troubled with pains in his stomach and bowels, accompanied with dizziness in the head. The bowels would remain without a motion for a whole week unless a purgative was taken, in which instance an unusually large dose was required, and the pain attending its operation was represented as being dreadful. The stool was hard and of a light or brownish color. I might mention, also, that there was a sense of weight in the right hypochondriac region, sometimes amounting to downright pain. He remained in this condition for several years, when he was compelled to give up his avocation, (school teaching,) and turn his whole attention to the malady which was preying upon his system. All the cathartics were tried. that seemed to promise any good in removing the costiveness, which was the most troublesome symptom in the case. He would use one article, (for instance, Rhubarb,) until the system lost its susceptibility of being acted upon by it, and then he would resort to another with the same result. Thus he continued up to the

mer of 1849, when I commenced treating him with the inspissated ox

On the day that I gave him the first dose, he had no motion of the bowels for four days. In the afternoon of that day he took two (10 grs.) pills, and repeated in four hours. The last dose was shortly afterwards followed by a full, soft and *painless* stool, to the great joy and satisfaction of the patient. He continued to take a pill, night and morning, until the most complete regularity of the bowels was established. The pain of the stomach and bowels entirely subsided, and his general health became much improved. He is almost of opinion that the *Fel Bovinum* is a specific, and prepares it himself, to use as occasion may require. This is only one of the many instances of the kind which could be mentioned, in which I have used this article with the most satisfactory results.

I shall mention another case which is of a somewhat different class of patients, who have been signally benefitted by the remedy under consideration. Mrs. ———, aged about 22 years, light complexion and medium size. Was a resident, up to the summer of last year, of the State of Mississippi. She is slightly hysterical, and has been for years affected with costiveness to such an extent as to be under the necessity of taking physic every few days. Large doses were required, which after a painful operation, left the bowels in their usual condition. She was somewhat chlorotic, and frequently suffered from what she called "fainting spells," which were very unpleasant indeed. After I had administered in this (as in the first mentioned) case, ordinary cathartics with but temporary effect, I resorted to the inspissated ox bile. I evaporated the gall to the consistence of thick tar, and then brought it to the consistence of pill mass by the addition of the precipitated carbonate of iron, one 5gr. pill of which was given three times per day, with the effect of establishing perfect regularity of the bowels. I had one pill taken daily for two months, and we had the satisfaction of seeing the complexion of the patient assume a more ruddy and healthy appearance, the fainting fits reduced in frequency, and the strength improved. It would be well to state that in this case, after about one month, the use of the inspissated gall and iron pills were suspended every other night, in order to admit of the administration of a small dose of taraxicum, for its alterative and tonic effect.

This article is of undoubted utility in cases of children laboring under diarrhœa, where the stools are light colored, indicating a lack of the normal quantity of bilious secretion in the system. The well known power of bile, whether human or not, of preserving milk from coagulation, has suggested the idea of using it in cases of infants upon whose stomachs the nurse's milk curdles, producing vomiting and irritability of that organ. This practice is said to be very satisfactory by those who have ample opportunity of testing it in such cases. From the established fact, also, that a solution of gall, when poured even in very small quantities over hardened fæces which have been voided from the body, reduces it to a soft, pulpy consistence, it has led the inductive medical practitioner to use it as an injection where the rectum is filled with impacted fœces. I have used it with good effect in a marked case of this kind. We very *plainly see that* the mode of operation of this med-cine is the same within as without the alimentary canal. Its contents are softened, thus enabling the natural peristaltic action to propel them onward. We can in this way account for their *painless* operation, while those remedies which act merely by increasing the peristaltic motion, produce such great pain. It may be urged that this medicine will prove insufficient from the fact that constipation is but a *symptom* of an unhealthy condition behind it; but whilst this may be true, it will be well to recollect that when constipation is once established as a secondary effect, it has a baleful reaction upon the system, and we think that if this symptom be attended to, the first link in the chain of morbid action will often disappear of itself.

We are living in a period of the history of medicine, which is distinguished for the application that is made of a philosophical principle commonly known by the term of "induction." By it, we understand, an inference or general conclusion drawn from the existence of one or more well established facts or propositions. The advantages which this furnishes to the modern physician could not possibly have been appreciated by the older writers on medicine, unless they could have clearly recognized the principle, and seen it exemplified in practical life. This grand system of philosophy, which was introduced by the immortal Bacon, was more readily received and more frequently used by *our* profession, probably, than any other. The enlightened medical philosopher is materially aided in his investigations of the essential character of disease, by the effects produced upon the system by therapeutical means, and from other circumstances, in the same manner as the mathematician and astronomer are aided in determining the size and distance of remote bodies, from the well known size, distance and position of those near them. This mode of investigation has been productive of more rich and valuable acquisitions to modern medical science than any which could be named. The various mechanical contrivances which have from this kind of reasoning been applied in surgery, and also the various actions of substances observable in the chemical laboratory, have furnished the greatest possible number of good practical hints to the surgeon and physician. The history of the article under consideration will serve sufficiently to illustrate this position. In the *first* place, it was brought into use in cases of constipation growing out of the absence of the normal quantity of bile in the system, from the fact that its properties, both physical and vital, are similar to that of the human. In the *second* place, its use with beneficial effect, as an injection in cases of an impacted rectum, was indicated solely by its demonstrated power of dissolving hardened fæces *out of the body;* and *thirdly*, its profitable uses in cases of nursing infants afflicted with acidity and coagulation of milk upon the stomach, was naturally enough pointed out by its alkaline property and by its power of dissolving coagulated milk and preserving it in that state *out of the body*. I will close this paper by merely expressing my ardent wish, that members of the profession will not forbear making an examination of the merits of this article, notwithstanding the apparent simplicity, for we should ever remember that the whole science of medicine is but a grand and systematic aggregate of great and *little things.—Ohio Med. and Surg. Journal.*

AN INQUIRY INTO THE ACTION OF THE ANTHELMINTICS. *By* Dr. KUCHENMEISTER, *of Zittau.* Dr. Küchenmeister has examined the various vermifuges, by immersing the living intestinal worms of fowls, cats and dogs, in albumen, at a temperature exceeding 77° Fahr., and adding the anthelmintics in the form of infusion or of powder. In some cases a mixture of warm milk and water was substituted for the albumen. The experiments were not continued for more than from forty to forty-eight hours, if the worm had not been killed before the expiration of that time. Dr. Küchenmeister made use of electricity as the most delicate reägent for proving the occurrence of the death of the worms. In the first place, electricity cannot be considered as a vermifuge. The author subjected a female *Hetarakis vesicularis,* taken from a partridge that had been killed, to the action of a rotary apparatus, which was kept up with longer or shorter intervals during an entire day. The animal was not destroyed by the experiment. He next tried the remedies employed for the removal of tæniæ, and first tested kousso in the following manner: — A living *Tænia crassicolis,* procured from a cat, was placed at four o'clock in a mixture of albumen and dolichos pruriens. The worm appeared to be perfectly well in this mixture, and at two o'clock on the following afternoon exhibited the mort vigorous movements. The tænia was now transferred to a vessel containing a mixture of infusion of kousso and some of the infused as well as some of the fresh powder with albumen. The temperature of the mixture was 30° R. (99.5° F.) On its introduction the worm quickly extended itself; after some time it was found to be dead, its color having changed to a dirty reddish yellow. Two *Tæniæ serratæ* were placed at about half-past one in the afternoon in a mixture of albumen and kousso; at two o'clock they were dying, and at three completely dead. Two *Tæniæ serratæ* from the same dog were brought in contact with kousso and milk, at half-past one in the afternoon, and at two o'clock were dead. Two *Tæniæ serratæ* were placed at half past one in the afternoon in albumen, mixed with decoction of pomegranate root and with some of the powdered root; they died in three hours. Two others were placed in milk mixed with the decoction only: they died in three an a half hours. A *Tænia crassicolis* was put into a mixture of albumen with ethereal extract of male fern; it died gradually in three hours and three quarters. A number of *Tæniæ cucumerinæ* were placed in a mixture of albumen and oil of turpentine: they were dead in an hour and a quarter.

A number of the same were put into a mixture of albumen and castor oil; they appeared lively at first, but were dead in seven hours. Similar worms were put into a salad, composed of pieces of unwatered herring, boiled potatoes, large pieces of onion and garlic, albumen, vinegar, and a large quantity of oil. They died in eight hours. Lastly, the author tested the vermifuge powers of the brown oxide of copper; fifteen grains were administered in the course of four days to a strong cat. When the body was opened, the entire intestinal canal was found to be full of fluid, yellow, flaky fæces; the intestine was softened, and denuded of epithelium, especially at the termination of the ileum, where the adjoining Peyer's glands were much swollen, particularly in two situations, one of which was an inch and a half long by one third of an inch broad; the other was nearly circular, and its diameter one third of an inch. The cat had been purged. The tæniæ and ascarides it contained were lively. It would hence appear that this substance is both inefficacious as a vermifuge and dangerous to the system. The following table contains the results of the above experiments:—

In milk boiled with kousso tæniæ died in half an hour.		
In a mixture of oil of turpentine and albumen, in 1 to 1¼ hours.		
In decoction of kousso with albumen, - -	1½ to 3	"
In decoction of pomegranate root with milk,	3 to 3½	"
In decoction of pomegranate root with albumen,	3	"
In ethereal extract of male fern with albumen,	3½ to 4	"
In castor oil with albumen, - - - - - - -	8	"
In salmagundi with garlic and onions, - - - -	8	"

Kousso would therefore seem to be the most efficacious remedy against tæniæ. When pomegranate bark and male fern root fail, their failure may be owing to the habit of administering a laxative in from four to six hours after the exhibition the vermifuge, by which the latter may be carried beyond the worm. With regard to pomegranate root, it must be observed that in large doses it occasions diarrhœa. The same remark applies to castor oil. The author also alludes to cold water, strawberries, dolichos pruriens, and filings of tin. When tæniæ are placed in water containing ice, they are instantly benumbed, and if allowed to remain in it, they will always be found at the end of ten hours to be quite dead. Strawberries may be useful as a mild remedy in cases of tape-worm; if large quantities of them be taken on an empty stomach, entire portions of the worm will often be passed. Dolichos pruriens, with which the author tried many experiments, appears to possess no power of destroying worms. The author has also minutely studied the medicines recommended for the removal of round worms. In albumen these worms behave as the tæniæ; in water, at about 77° F., they live for some days, but swell, stiffen, become longer, thicker, and more sluggish; they lose their power of suction, and their motions become slow and only partial—they resemble leeches which have gorged themselves. In general, however, the males and young neutrals resist the effects of water longer than the mature, impregnated, egg-bearing females, which become quite rigid and in-flexible, and swell considerably. Milk and whey affect the worms like water. The following are the medicines, the effects of which were tested:

1. *Camphor.* An ascaris lived from eighteen to twenty hours in albumen, into which some camphor had been introduced. 2. A mixture of oil of turpentine and albumen killed some ascarides which were placed in it from two and a half to six hours. 3. Ascarides lived forty hours in albumen and wormseed, whether the latter was employed in the form of powder or infusion. 4. Some ascarides were placed in albumen mixed with santonine; they did not die in it, nor did they die in a watery infusion of santonine. When santonine was dissolved in oil, especially in castor oil, and mixed with albumen and ascarides, the latter died in ten minutes. An injection of santonine and castor oil was thrown up the rectum of a cat, and produced numerous motions containing dead worms; and on killing the cat, the entire of the lower portion of the intestinal canal was ascertained to be free from worms, while four were found near the stomach quite rigid and extended, and retaining but little life. A *Tœnia crassicolis*, however, was found in the intestines, and appeared to be quite uninjured and very lively. 5. A mixture of albumen and anisseed, with a strong infusion of the latter, killed the worms in about twenty-four hours. 6. Parsley, mixed with albumen, killed ascarides very slowly. 7. Flour of mustard and albumen destroyed them in about four hours. 8. In rue the worms lived upwards of twenty-four hours. 9. The same was the case with millefoil. In contact with tansy, valerian and camomile, great numbers of them lived for twenty-four hours. With onions and garlic they perished in from ten to fifteen hours. A decoction of cloves, with or without albumen, killed them in twelve hours. In an infusion of ginger, with or without albumen, they lived about twenty-four hours. Petroleum, mixed with albumen, killed them in less than six hours, as did also oil of cajeput and albumen.

A series of vermifuges, taken from the class of balsamics, was tried in like manner, namely, assafœtida, ammoniacum, balsam of Peru, extract of juniper, and Venice turpentine. In all these the worms lived more than twenty-four hours. Of the class of empyreumatics (brenzlichen stoffe) the following were tried:—Oleum chaberti, [a mixture of four parts of oil of turpentine, and one of the animal oil of Dippel,] oil of amber, castor oil, tar water, creosote, wood-vinegar, and wood-soot. In these, for the most part, the worms lived from twenty-four to forty-eight hours, except the wood-vinegar, in which they lived rather more than twelve; and creosote, in which they died within two hours. Of bitters, the author tried aloes, gamboge, ox-gall, worm-wood, myrrh, gentian, quassia, hops, bitter orange, and acorus calamus; in all these the ascarides lived from twenty-four to forty hours. Of astringents, pure tannic acid, pomegranate root, kousso, extract of walnuts, cinchona bark and quina, elm bark, willow bark, the flowers and stalks of meadow sweet, oak bark, dragon's blood, catechu and kino. In these the worms died in from twenty-four to thirty hours, with but two exceptions, namely, tincture of galls and pomegranate root, both of which killed them in the space of eleven hours. Of saline preparations, sulphate of soda, chloride of sodium, and the roe of the herring, were tried. In the first the worms died in from fifteen to eighteen hours; in the second, in from two to six; and in the roe of the herring, in four hours. The following metallic poisons were experimented on:—Arsenic, calomel, corrosive sublimate, and the salts of tin, of lead, and of copper. Corrosive sublimate alone destroyed the worms in so short a time as two hours; all the other metallic salts required a much longer period. From these experiments it would appear that santonine, mixed with oil, is the most powerful vermifuge, then chloride of sodium, the roe of the herring, garlic, onions, &c. The author advises that santonine should be given as a vermifuge, mixed with oil, in the proportion of from two to five grains to an ounce of castor oil. This solution should be given in the doses of a teaspoonful until the effect is produced. As auxiliary treatment, chloride of sodium, herring brine, mustard, onions and garlic, may be employed. —*Foriep's Tagsberichte über die Fortschritte der Naturund Heilkunde.* Pharmakologie, Band 1, p. 317. *Dublin Quarterly Journal.*

ON THE INFLUENCE OF PARASITES IN THE PRODUCTION OF DISEASE. By JOSEPH LEIDY, M. D., *Professor of Anatomy in the University of Pennsylvania.*—In many animals entozoa and entophyta are almost never absent, and probably when in their natural habitation, and few in number, or not of excessive size, are harmless, as observed by Dujardin in the introduction of his excellent work on intestinal worms: "Les helminthes se dévellopent dans un site qui leur convient, sans nuire plus que les lichens sur l'écorce d'un arbre vigoureux. Ils ne peuvent devenir nuisibles, généralement, que par suite d'une multiplication excessive, la quelle semble alors être une des conséquences d'un affaiblissement provenant d'une tout autre cause, d'une mauvaise alimentation, du séjour dans un lieu froid et humide, etc.: sans cela, les helminthes naissent et meurent dans le corps de leurs hôtes, et peuvent paraître et disparaître alternativement sans inconvénients."*

Many important diseases have been supposed to originate from parisitic animals and vegetables. The former are not the true entozoa, for these are too large, and may be detected by the naked eye, but they are considered to be animalculæ so small that they cannot be discovered even with the highest powers of the microscope. But independent of the fact that the existence of such entities is a mere suspicion, none of the well known animalculæ are poisonous. At various times I have purposely swallowed large draughts of water containing myriads of *Monas*, *Vibrio*, *Euglenia*, *Volvox*, *Leucophyrs*, *Paramecium*, *Vorticelli*, etc., without ever having perceived any subsequent effect.

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* "Worms are developed in localities adapted to their necessities with as little injury as the moss which grows upon the bark of a vigorous tree. They can only become injurious, in general, when in excessive numbers, and this multiplication seems to be owing rather to debility induced by improper diet, cold and moist habitations, &c., than to their presence. Otherwise worms will be born and die in the body of their host, and may appear and disappear alternately without inconvenience."—*Translated by Ed. S. M. and S. Journal.*

The production of certain diseases, however, through the agency of entophyta is no longer a subject of doubt; as in the case of Muscardine in the Silkworm, the Mycoderm of Porrigo favosa in Man, etc.; but that malarial and epidemic fevers have their origin in cryptogamic vegetables or spores requires yet a single proof.* If such were the case, minute vegetables and spores, conveyed through the air and introduced into the body in respiration, could be detected. The minutest of all known living beings is the *Vibrio lineola*, of Müller, measuring only 36.000 of an inch, and the smallest known vegetable spore is very much larger than this, whilst particles of inorganic matter can be distinguished the 200.000 of an inch in size.

I have frequently examined the rains and dews of localities in which intermittents were epidemic upon the Schuylkill and Susquehanna rivers, but without being able to detect animalculæ, spores, or even any solid particles whatever. I have examined the air itself for such bodies, by passing a current through clear water. This was done by means of a bottle, with two tubes passing through a cork stopper; one tube dipping into the water, the other reaching not quite to its surface. By sucking upon the latter tube, a current of air passed through the former, and was deprived in its course of any solid particles. Ordinarily, when the atmosphere was still, early in the morning, or in the evening, neither spores nor animalcules could be detected. When piles of decaying sticks or dry leaves were stirred up, or the dust was blown about by the wind, a host of most incongruous objects could be obtained from the air; none, however, could be supposed capable of producing disease.

To assert, under these circumstances, that there are spores and animalculæ capable of giving rise to epidemics, but not discernible by any means at our command, is absurd; as it is only saying in other words that such spores and animalculæ are liquid and dissolved in the air, or in a condition of chemical solution. That the air may be poisoned by matters incapable of detection by the chemist, is proved by the emanations from such plants as the *Rhus Vernix*, *Hippomane mancinnella*, etc.—*Smithsonian Contributions to Knowledge.*—*Virginia Med. and Surg. Journal.*—*Southern Med. and Surg. Journal.*

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*" See an ingenious little work by my distinguished friend, Dr. J. K. Mitchell, " On the Cryptogamous Origin of Malarious and Epidemic Fevers."

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, JANUARY, 1854.

WE take pleasure in acknowledging a very considerable addition to our list of subscribers since the issue of our last number.

Some of our friends have interested themselves to bring the Journal to the notice of many who were ignorant of its existence; for this they have our thanks. We should be pleased to have others do likewise, as there is little danger of our list becoming too plethoric just at present.

We take the liberty to send this number to some who have not heretofore been its patrons. Any one receiving it and not wishing its continuence as a subscriber, will confer a favor by returning it endorsed with his name, otherwise it will be continued.

We take this opportunity to respectfully remind *all*, that their dollar for the volume is now due, and that the postage on all numbers issued after its receipt will be prepaid.

Our thanks are due for some original matter received too late for insertion in this number.

As all will see, we begin our new volume with the year. No. 2 may be expected promptly on the first day of February.

PROSECUTIONS FOR MAL-PRACTICE. Within the last few years the attention of the profession *generally*, and of some of its members in *particular*, has been called to the subject of suits and damages in cases of alleged mal-practice. To be sure, it is no new thing, for we have been accustomed to see *poor* and *ignorant* pretenders in surgery relieved of what little property they might chance to possess; and whether justly or otherwise, while it only reached those who were no great credit to the profession, little sympathy was felt for the sufferer; and *too often*, we fear, those who felt secure in their standing and reputation, when called on to testify in these cases, have allowed themselves to make statements as evidence, which although *perhaps* their honest opinion, will be long remembered as striking proof—

> "Alas! of the rarity
> "Of Christian charity."

But that unchanging law of political economy that "the demand will *always* create the supply," has brought about such a crisis as was hardly bargained for. Lawyers and dissatisfied patients after being taught that it was an easy matter to plunder the medical profession by means of suits of this character, (and that many of its members were their willing allies,) were not disposed to forego the free application of their newly acquired knowledge. Their rapacity grew fast from being well fed, and as the supply of surgeons of an-inferior grade, with pockets sufficiently well filled to pay the cost of plundering, grew short, they did just what might be expected, looked for *larger* and *more profitable* game. Then it was that we learned that "place and power" were impotent to protect us from swallowing the unpalatable dose which had been so freely prescribed to our less-favored brethren. Nor can we say justice is wholly blind in this matter; for while some have been taught their own weakness and mutual dependence, the whole profession has been roused to a sense of its danger, and urged by dire necessity to seek ways and means to allay the storm which threatens not only the personal prosperity of surgeons, but the welfare of the whole suffering community.

Prof. Frank H. Hamilton, of Buffalo, in view of this state of things, has by immense labor compiled a series of tables containing the results of a large number of well treated fractures. An analysis of these tables was published in the August No. of this journal.

The following letter from Prof. H. to Dr. Reese, editor of the New-York Medical Gazette, shows his high minded and disinterested object.

"BUFFALO, July 20, 1853.

"MY DEAR DOCTOR—I send you by this mail a copy of the second edition of my 'Fracture Tables,' just published. They are much enlarged by the addition of a supplement.

"Every body is looking just now to find some means of arresting prosecutions against surgeons for alleged mal-practice. Dr. Crosby seeks to accomplish this by refusing to undertake the treatment of any case of fracture until the patient or his guardian has signed a bond that he will not prosecute. Several eminent jurists inform me that such a bond is of no value or force in this State—that a surgeon cannot be released from his responsibilities. The Massachusetts Medical Society have made a report upon the subject. Dr. Gross, of Louisville, writes me that the mania for prosecutions has reached Kentucky. Indeed, I have received communications from various sources in more than one half the States in the Union, which constantly and uniformly speak of the frequency of these suits, and of their unjustness. I have thus far escaped, and so also have one or two other surgeons of Western New-York; but it is safe to say that not more than one out of every ten who practice surgery to any considerable extent, but have been compelled to defend suits of this kind.

"It seems to me that the cause of all this is to be found in the fact that geons themselves have believed, and taught, and testified, that in a large majority of cases, broken limbs may be made perfect, while the fact is not so! On the contrary, in a very large majority of cases the limbs have been and will, I fear, of necessity, continue to be left imperfect after fractures. This is what my Tables have at length *established*. In them you see not the practice of empirics, but the practice only of the best surgeons. In not a single instance has a case been admitted which was treated by an irregular. Many of them were treated in the New-York City hospitals; some in foreign hospitals. In the examination of these cases I have used great care. I have handled and measured them all myself. The measurements were made always in the presence of medical gentlemen, and I have noted carefully every circumstance, even to the name and standing of the surgeon, and also the treatment. In the tables, however, the names of the surgeons has for reasons which you will readily understand, been always omitted.

I believe I have had no selfish motive in the labor I have thus accomplished. It has cost me much time and some money. But in this cause I have long been accustomed to spend both freely. I have testified for my brethren in nearly every county in Western New-York once or more, and I have given my testimony under commission nearly as many times more for every State around me. I believe, therefore, no one will charge me with a wish to speculate in offering this book; yet, I say frankly, I hope it will be sold, not for my own sake, but for my fellows' sake.

Yours sincerely,
FRANK H. HAMILTON."

Coming, as these sentiments do, from one who has not suffered from this cause, they, as well as his tables, constitute and will be taken as reliable evidence, which must do much to restrain this "mania" which has pervaded the whole Union.

Believing, with the editor of the Gazette, that these prosecutions "are frequently malicious *persecutions*, and successful through ignorance in the bench, bar and jury-box," we cannot too gladly welcome this array of facts;—facts which cannot be controverted, and which will do much to enlighten all who may chance to have any connection with suits of this character.

Since the above was written we have received the Montreal Medical Chronicle for December, which contains a list of cases of fracture, twenty-seven in number, treated and reported by William E. Scott, M. D., Physician to the Montreal General Hospital. Excepting three deaths, his cases are *all* reported as *perfect* cures. Among these he includes some very severe injuries, such as compound and comminuted fractures of the femur, tibia and fibula, &c. He animadverts with some severity upon the results of treatment in the cases reported by Prof. Hamilton, and more than intimates that they were not treated as well as they might have been.

The conclusion to which his article forces us is, that it would have added to the *certainty* of his *results* if he had had as *good evidence* of the state of the cure as had Prof. H., and must consider it rather unfortunate for him, in this his bid for extra fame, that his *unparalleled* success is supported by no other authority than his *ipse dixit.* No facts are so convincing as those established by plain figures, accurate measurements, and abundant reliable evidence. And it is difficult for any one man to controvert facts so established by a mere say so.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, AT ITS ANNUAL SESSION, HELD IN THE CITY OF PHILADELPHIA, MAY, 1853. *Published by the Society: Philadelphia, pp.* 126.

This volume contains the minutes of the annual meeting;—address of Dr. Carson, President of the Society; reports from the several district societies, and an essay on vaccination, small-pox and varioloid, read before the Huntington County Society, by J. M. Gemmill, M. D., of Alexandria.

The reports from district societies embrace a condensed history of the more prevalent diseases during the year, with the most approved modes of treatment.

Dr. Gemmill's essay embraces a history of the results of vaccination of thirty-five persons with virus which had become tainted with variolous poison; by which he produced genuine distinct small pox in eight cases, and from these a large number of cases by contagion; one of these, a child, had the confluent form, and died on the twelfth day; the rest he controlled and modified by vaccination with pure virus. His facts stand out clear and distinct, but we have room only for the conclusions to which they brought him. He says: "The inferences that I would draw from these facts are,

"First. We may have the vaccine virus and the small pox poison in the same scab; hence the necessity of extreme caution as to the sources whence we obtain our virus for vaccination.

Second. They show the antidotal power of the vaccine virus as to small pox poison. Hence the importance of universal vaccination.

Third. They go to show that lapse of time lessens the protective influence of vaccination; not so much, however, *the length* of time, as the period of life at which the lapse takes place. It would seem that, from infancy to puberty, the protection is lost in proportion to lapse of time; as in all the cases of varioloid that occurred in persons under the puberic age, the severity of the attack was proportioned to the age of the patient.

Fourth. They would favor the opinion, that during the changes which take place in the system at the age of puberty, a larger portion of the protection lended by vaccination is lost than during the same length of time at any other period of life. Hence, I would infer the importance of universal re-vaccination after that period is passed.

Although the facts detailed do not bear so particularly on the point, yet I may remark, that in my experience I have never met with a case of small pox or varioloid, at any time of life, in a person who had been very recently vaccinated. Nor have I ever met with any such case in after life in a person vaccinated, or re-vaccinated, after having arrived at maturity. I have always found it to afford certain and complete protection in all such cases. In my own case, it is twenty-five years since I was re-vaccinated, and ever since that time I have been every few years exposed to the small pox contagion, frequently in its most concentrated form, without ever having suffered in the slightest degree from its effects.

These cases show the great difference which exists as to the degree of susceptibility to the influence of small pox poison amongst different persons. Out of thirty-one persons vaccinated, on two successive days, with the same virus, but eight had variola in anything like a regular form; eleven had the irregular sore arm; and in twelve no apparent effect was produced. This would seem to indicate that a wide margin should be left for exceptions, in any general rules that may be laid down as to the real amount of protection afforded by vaccination. And we might reasonably suppose, that persons who are so peculiarly susceptible to the influence of the variolous contagion, would much more readily lose a portion of the protection afforded by vaccination."

AMERICAN PHARMACEUTICAL ASSOCIATION. The annual meeting of this newly organized body was held at Boston on the 24th, 25th and 26th of August. It was well attended by apothecaries from twelve different States, and its published proceedings are interesting not only to those who regard medicines as mere articles of merchandize, but quite as much so to every physician who would have his patients supplied with pure and efficient remedial agents. The "Code of Ethics" adopted by this association will, *if adhered to*, bring the drug trade (so far as its members are concerned,) to a state of honesty to which it has long been a stranger.

The next meeting is to be held at Cincinnati, Ohio, on the last Tuesday in July, 1854.

A MANUAL OF OBSTETRICS: *By Thomas F. Cock, M. D., New-York: Samuel S. and Wm. Wood, pp.* 250. This little work makes no pretensions to originality. "It is avowedly a compilation prepared as a skeleton collection of facts" for the use of students, and as a convenient remembrancer for young practitioners in moments of emergency.

If there was any danger of students or practitioners remaining satisfied with the teachings of works of this class, we would willingly give them our unqualified condemnation; but knowing well their value, as a ground work for the study of more elaborate and argumentative treatises, we can but commend this book *to those for whose use it is designed*, as presenting *facts and principles* unincumbered by much wordy clothing. We have not room for a list of the subjects treated of, for although a *small* book, it has a *very large* table of contents; touching upon all the subjects usually taught in the more comprehensive systematic works, and may be considered an epitome of the present condition of obstetrical knowledge.

THE PRESCRIBERS' PHARMACOPŒIA.—*Third American from the fourth London edition: Edited by Thomas F. Cock, M. D.—New-York: S. S. and W. Wood, pp.* 178. Nothing need be said in praise of this book. It has been long before the public, and its value as a pharmacopœia, (*and something more,*) well appreciated. The American editor has introduced the uses of the several medicines and compounds, and an appendix containing brief and explicit directions for the diet of the sick.

NEW-HAMPSHIRE ANNUAL REGISTER. Our publisher, Mr. Lyon, is on hand in good season with this "indispensable requisite in every well regulated family." It contains, in addition to the usual statistical information, a succinct history of the higher courts of this State, from the year 169[illegible], with some account of the judges during the same time.

DR. MARSHALL HALL. This eminent physician and world-renowned physiologist, who has visited most of the larger northern cities during the past season, has taken his departure for the south, intending to visit Charleston, Savannah, Havana, and New-Orleans.

He writes to Dr. Dowler, of the latter place, in reference to his visit:—"I hope then to make some experiments with you on your alligator. The great question is, I believe, as to *spontaneous motion* after the removal of the cerebrum and cerebellum. The *appearance* of *design* is, I believe, deceptive.

"In any case, if we do differ in opinion, we must agree to differ."

We shall look for the results of his investigations and experiments on these monsters with much interest.

ANÆSTHESIA IN MIDWIFERY, AND FATAL EFFECTS OF ANÆSTHETIC AGENTS. The undersigned was appointed by the American Medical Association to report on the above mentioned subjects at its next session in St. Louis. He therefore respectfully urges his medical brethren to make extensive and close observations on anæsthesia in midwifery, and also to analyze carefully all alleged cases of death from anæsthetic agents, and to forward the results to him before February 1st, 1854. The latter cases must be those only occurring within the present year of the association.

JAMES BOLTON, M. D.,
Richmond, Va.

Back Volumes. Our publisher, Mr. Lyon, will furnish bound volumes of the Journal at the subscription price, or will exchange bound for unbound, for the cost of binding. New subscribers who wish for back volumes can procure them, bound or unbound, at a reduced price, of the editor.

CONDENSED SUMMARY.

Chloroform in Hooping-Cough. Dr. Churchill recommends chloroform in hooping-cough, but thinks it likely to prove of more value in cases of children of twelve years and upwards than in those younger, as they will inhale it more promptly and properly. His mode of exhibition is worthy of attention. "In order to avoid the possibility of an over dose, I have never given the chloroform on a handkerchief, or by means of an inhaler, but have directed the mother, (in case of young children,) or the patient, to spill a little, say about thirty drops, in the palm of the hand, and hold this before the mouth and nose sufficiently near to inhale it fully, but not so close as to exclude a portion of atmospheric air. The best time to begin is just as the patient feels the irritation in the chest increasing to a cough, but if possible, before the cough commences; and the inhalation should be repeated with each return of irritation, unless headache be produced."

Small Pox. Mr. Marson, resident surgeon to the small pox and vaccination hospital, London, has published an "Analytic Examination" of the cases which occurred during four epidemics of this disease in the years 1838, 1844, 1848, 1851; of these, 3,094, rather more than one half, had been vaccinated at some period of their lives. We have only room for the author's conclusions, which were,

1st. That natural small pox destroyed about one third of all whom it attacked.

2d. That small pox after small pox, was of comparatively rare occurrence; that a second attack of natural small pox was rare, but not often fatal, and that protection seemed to be the law. That after inoculated small pox, an attack of small pox had more frequently led to fatal results; but there is reason to presume that the virus used for inoculation, like a great deal of the lymph used at the present day for vaccination, was often taken at too advanced a period of the disease, and thus did not afford the full measure of protection it was capable of affording, if taken at a proper time.

3d. That vaccination performed in infancy afforded almost complete protection against the fatality of small pox, to the period of puberty; that a variety of circumstances conspired to make it almost impossible to ascertain exactly in what proportion to the vaccinated cases of small pox subsequently occurred, or might occur, if all persons lived to an advanced age.

4th. That, as a matter of safety, it would be well for all persons who were vaccinated in infancy to be re-vaccinated at puberty; this measure being more especially requisite for those who were either indifferently or doubtfully vaccinated in infancy, and still more necessary for those who, though vaccinated, had no cicatrix remaining. Finally, as a matter of precaution, it would be desirable that all persons should be re-vaccinated, on small pox existing in the house where they were residing.

Dr. Chowne alluded to the neglects of vaccination in the country districts, which he stated to be a fault "of the government, by whom no efficient arrangements for vaccination were made, and consequently thousands lost their lives."

Mr. Marson stated that, "amongst the persons who had only been vaccinated in one place, and the cicatrix was imperfect, twenty per cent. took the small pox; whereas, when there were four cicatrices, and these were good, the number who took small pox after vaccination was only one per cent.

Oil of Turpentine as an Excitant of Uterine Contractions. Dr. C. Archer, of Va., recommends emenata of oil of turpentine, (℥j in gruel, q. s.) to reproduce labor pains which have subsided, or to strengthen those which are inefficient. Two reasons present themselves in favor of this remedy—its safety and the ease with which it can always be obtained.

Yellow Fever in New Orleans. From the 28th of May, when the first case occurred, till Sept. 3, there were 6,919 deaths from yellow fever.

Alum as an Emetic. Dr. C. D. Meigs used alum successfully to rid the stomach of opium taken to destroy life. An ounce of powdered opium had been swallowed; thirty grs. sulphate of zinc had been given without the slightest effect; two hours after "the patient was in a somnolent condition." "One ounce of powdered alum was immediatly procured, and one half of it, mixed with a little syrup, was given to the patient, and followed in a few minutes by two or three tumblers of warm water, when copious vomiting ensued, by which a free discharge of the contents of the stomach was induced." The remedy was repeated, and the patient entirely recovered.

Irritable Stomach. Dr. Robertson recommends "painfully flexing the little finger of the patient to compel his irritable stomach to retain medicine." He says they cannot "throw up the medicine" while the painful flexure is maintained. *Dr. T. S. Bell* uses a tumbler applied as a dry cup over the stomach. *The N. O. Med. and Surg. Journal* recommends good champagne wine and ice. *Dr. Bowling,* of the Nashville Journal, considers *frozen* champagne as *the* remedy; he says, "in the case of a sound stomach, we feel authorized to say that one that would reject ice-champagne, under any circumstances, might be set down as unreasonably fastidious and refractory."

On the means of arresting instantaneously Cholera Cramps in the Limbs. By M. Guyon. **In a recent communication to the Académie des Sciences at Paris, M. G. states that these spasms may be immediately arrested by firm**

and steady extension of the cramped muscles. In the case of the leg he directs the heel to be held in one hand and the foot bent towards the shin; in that of the arm the fingers are to be straightened, and the hand carried towards the dorsum of the wrist.

Amenorrhea. Dr. Plumer, of Richmond, Virginia, reports the successful treatment of Amenorrhea with half ounce doses of the lig. acet. ammonia, properly prepared with dilute acetic acid.

Dysmenorrhea. In Germany the bi-borate of soda is used in conjunction with ergot, to produce uterine contraction, and alone to facilitate the excretion of the menstrual fluid. Dr. Bennett, of London, regards it as an important agent in fulfilling the latter indication, and employs the following formula in many cases of dysmenorrhea:

℞. Magnes. carbon. gr. v.; pulveris rhei. gr· ij.; soda biboratis, gr. x.; infusi calumb. ℥j.; ter die surmend.

Chapped Nipples. Take of olive oil, ℥x.; venice turpentine, ℥ij.; yellow wax, ℥j.; alkanet root, ℥ss.; boil together, strain, and add balsam of Peru, ʒijss.; camphor, gr. x.; stir constantly until cold. This is highly esteemed for chapped nipples and broken chilblains.

Strangury from Blisters. Dr. Anderson, of Alabama, believes that strangury can uniformly be prevented "by smearing the plaster with oil of turpentine" before applying it.

Croup. M. Trousseau praises the sulphate of copper as an emetic in croup, as recommended by Beringnier. This emetic appears to influence the pharynx more than the stomach, and the efforts it induces often detach the false membranes from the air passages. M. Beringnier gives two or three grains, but M. Trousseau gives ten in two doses.

Oil of Pumpkin-seeds for Tape-worm. Dr. H. S. Patterson, of Philadelphia, recommends, in the Oct. number of the *Medical Examiner,* the oil of pumpkin-seeds for the treatment of tape-worm. He reported in the same journal, in October of last year, a case of radical cure by an emulsion of these seeds, after turpentine and even kousso had signally failed. He reports a case which came under the care of a medical student in that city, in which the oil was used by him at his request, and with the happiest result. Half an ounce of the oil was given in the morning, and the same quantity in about two hours more, followed at the end of another two hours by an ounce of castor oil, with the effect of bringing away a considerable part of the worm; and as the patient had been entirely free from every symptom of verminous irritation from May to September, he thinks there is no doubt that the worm is entirely destroyed. The oil is obtained from the seeds by [illegible]old expression.

Fœtus in Utero killed by Lightning. Dr. Carithers reports, in a late number of the *Southern Medical and Surgical Journal,* a case of a woman, 40 years of age, in good health, who was struck with lightning, and on the tenth after was delivered of a dead child, which, from the appearance, had so from the time the mother felt the shock.

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MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES at Bowdoin College will commence on WEDNESDAY, the 15th day of February, 1854.

Theory and Practice of Medicine, by WILLIAM SWEETSER, M. D.
Anatomy and Surgery, by EDMUND R. PEASLEE, M. D.
Obstetrics and Diseases of Women and Children, by AMOS NOURSE, M. D.
Materia Medica and Therapeutics, by CHARLES A. LEE, M. D.
Chemistry and Pharmacy, by PARKER CLEAVELAND, M. D.
Medical Jurisprudence, by Hon. JOHN S. TENNEY, LL. D.

The *Library*, containing about 3450 vols., principally modern works, and the *Anatomical Cabinet*, are annually increasing.

The amount of fees for the Lectures is $50, payable in *advance*. Graduation fee, including Diploma, $18. The Lectures continue fourteen weeks.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of College in August.*

P. CLEAVELAND, *Secretary.*

Brunswick, Nov. 1853.

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THE
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[For the N. H. Journal of Medicine.]

SCARLET FEVER, AND THE INFLUENCE OF MEDICINE IN ITS CURE.

Mr. Editor:—No doubt many who glance their eyes upon the caption of this article, will, at first, determine to peruse it, from the fact that they naturally anticipate being called upon to attend cases of scarlet fever during the winter months; but when they read the closing clause, they will mentally exclaim, "What ignoramus is this who proposes to call in question the power of medicine in the cure of scarlet fever?" Every body knows what medicines are recommended in the treatment of this dread disease. The works on Theory and Practice abound in full and minute dissertations, first on its history, then on its causes, nature, symptoms, complications, varieties, and its method of *treatment*, but unfortunately for the welfare of the young and innocent victims of this terrible scourge, the power of medicines in controlling the disease, or even the remedy proper to be administered, does not appear to be decided with any degree of unanimity.

It will be recollected by the readers of the "*New-Hampshire Journal of Medicine*," that one of the earlier Nos. of the periodical contained an article from the pen of the writer of this, on the subject of "*Measles and other Eruptive Fevers*," in which I attempted to prove, in accordance with the theory of Leibig, that all contagious eruptive fevers, originate essentially from the inception into the blood of some substance foreign to the human system in its normal condition, and that this additional matter induced a change, or ferment, not only in the blood, but in the other structures of the body in a manner similar to that produced by leaven, or ferment, when added to a compound that is capable of undergoing fermentation, and that in all the various *eruptive self-limiting* fevers, the office of the physician is, not to attempt to *cure* the disease, or to put a stop to the change which has already commenced, for that cannot be done; but he should confine his efforts to the endeavor to modify and control the activity of the different parts of the organism, so that the change may occur in the quietest and mildest manner, and with the least damage to all or any of the organs.

If these propositions are true, (and thus far I have not learned of an attempt to controvert them,) then the idea of any medicine, or any course of treatment *curing* scarlet fever, is evidently preposterous.

What then shall the physician do? Shall he abandon this class of patients to the tender mercies of the quack, and the kind-hearted but ignorant nurse? By no means! Neither should he resort to quackery or emperical treatment on his own part. The many headstones in the cemetery, and the aching void in the hearts of bereaved parents, cry out against it, and no *true* physician will be content to see the little angels passing from this world before their time, without a desire on his part to *guide* the system through the dangers and complications of this fell disease, *until the change has occurred*, and the abnormal action ceases, from the fact that the poison has either expended itself, or has *leavened the whole lump*, and thus the fermentation or inflammation ceases.

What this leaven, or the contagious poison of scarletina is, no one knows, any more than is known in regard to that of measles, small-pox, or the kindred exanthemata, therefore it is useless to attempt to throw any light upon the matter, except by carefully noting the effects produced by it. That it is generated by the bodies of those laboring under this disease, must be admitted by all, but that it *always* originates thus, but few will assert. Circumstances and facts have come under my observation, which fully convince me that many cases of scarlet fever that I have been called to treat, *could not* have been the result of contagion; and among others, I may be allowed to state, that in one school district the disease originated regularly in the latter part of winter or in early spring, each year, for several years in succession, and again, during the prevalence of an epidemic in the month of March, some four or five years since, (I cannot give the precise date, as I have not my note book with me,) I was called to attend three families of children sick with this disease, high up upon the Green mountains, which families were several miles apart, and the children of neither family had been from home for many weeks, being blockaded by a great depth of snow.

In regard to the manner of guiding the little patients through their danger, we cannot do better than to study *nature*, or in other words see what occurs in the system of those who suffer but little, and also observe the source of suffering in those in whom the disease is more severe or fatal.

The most notable symptom, is the injection of the cutaneous capellary vessels with the arterial blood. This it is which gives the *scarlet* hue to the skin, which is characteristic of this fever. Soon all the elements of acute inflammatory action are present, and that too in the tissue of the skin to so great an extent oftentimes that the cuticle is destroyed,—dies—and is thrown off either in small shreds and patches, or, as is frequently the case, in large and broad pieces. While we can *see* the extent of the inflammatory action in the skin, we can infer that it is no less in the internal structures, and there is danger of its being so severe as to produce structural disorder and change that will be irreparable, and consequently produce death. We must therefore do all we can to control this inflammatory action. But how? If we give purgatives, we shall irritate the mucus lining of the alimentary canal, and we need but look at the lining of the mouth and fauces, as well as that of the eyelids, to discover that already the irritation here is equal to that of the surface, and beside, purgatives will lessen the vital energies of the system, and they are already depressed by the diseased action. Emetics, especially those of tartarised antimony and potassa are patent to the same objections, and those from any other substance must irritate, but at the same time they may relax the sweat pores, and allow of relief in that way, therefore they *must* do harm, but *may* do more good in one direction than harm in the other. They should be used with extreme caution, if at all.

Bleeding is evidently entirely out of the question, as it cannot by any possibility do good, except in the same manner as emetics, by producing a relaxation of the exhalent vessels, and the chances for this result are not one in the thousand. Opium can be of use only as it quiets the action of the system, and thus allows the patient to *rest*, while at the same time it tends to close up the outlets by which the morbid matter must be removed from the system if it be removed. All the various applications in more common use, internally and externally, at the throat, are liable to similar strong objections. Strong vinegar and capsicum would produce inflammation and ulceration in a well throat, and cannot be supposed likely to prevent a similar catastrophe in one suffering from disease, except on the principle of *simillia similibus curantio;* and if administered on that principle, the large doses should be repudiated. Blisters and violent stimulation, externally, although not quite so horrid and objectionable as the internal treatment referred to, yet no one can *reason* himself into the belief that his own throat could resist the invasion of disease any better for being blistered or parboiled; and the cantharides should never be used on any part of the system in this disease. The tendency to dropsical effusion is greatly increased from the stoppage of the renal secretion consequent upon the absorption of cantharidin, and certainly the physician does not want to augment the danger from that source.

But the impatient reader may wish to know what *positive* advantages can accrue from this list of negations. Dear man, it may set you to thinking, and it is to be hoped that there is remaining in your cranium sufficient *vis vita* to make that operation profitable to you, and perhaps to your patients. Did you ever produce active cutaneous inflammation by bringing a part of your own surface in contact with a hot iron? or in any other mode, did you ever enjoy the pleasure of experimenting on the influence of the *atmosphere* upon the cuticular extremities of the nerves, when those nerves were in a state of excitement? If so, did you not by experiment, discover that that pleasant inflammatory action could be lessened by cutting off the contact of the atmosphere with the nerve? Will not that class of experiments teach us that in scarlet fever, we should keep the surface from the influence of the atmosphere? not by rubbing it over with rancid bacon, as has been recommended by some—but by placing the patient in a *clean* and *warm* (not hot) bed, and then giving *sage* or *catnip* tea, or any other agreeable and non-stimulating nervine, which will also act as a sudorific.

Catnip and sage will supply the place of objectionable articles, and are really remedies of themselves of no small power, especially the former. The throat, inside, cannot be protected from the air, but the atmosphere inhaled can be kept pure and moist, and should be so, as long as there is any disease of the skin or mucus membrane. The bowels should be kept open by mild injections, and the entire surface frequently wiped with a cloth moistened in pure warm water, or water with a little milk. The stomach should be supplied with only such nourishment as it can digest perfectly, and the patient kept strictly under the charge of the physician until fairly convalescent, and the new skin that takes the place of the old one, has had time to become fully formed.

Now, Mr. Editor, if the above views are heretical, I would like to be told wherein, and I would like to be able to test the power of salvation from death from scarlet fever, in all its forms, when treated in this let-alone manner, as compared with the heroic methods in use among the orthodox and heterodox practitioners; or as compared with that treatment when either emetics, cathartics, calomel, blood-letting, blistering, or, No. 6, lobelia steaming, or any other process of *cure* is adopted. I do not write this in a boastful or vain-glorious spirit, for we all know that we have little reason enough to congratulate ourselves on our success in treating this disease, but partly because I feel that I am correct in my views, and also in part, to *provoke* a friendly controversy with any one who may choose thus to notice my views.

Yours truly, C. H. CLEAVELAND.

Dec. 12, 1853.

DOVER MEDICAL ASSOCIATION.

Address of LEVI G. HILL, M. D., *President of the Association.*

GENTLEMEN:—It seems but just the other side of yesterday, when we were discussing the merits and propriety of organizing the "Dover Medical Association." Yet three years have already passed, since our organization was effected, and we are entering a fourth. The occasion, very naturally, leads us to reflect upon the occurrences of the past; and now, especially, the past year. Furthermore, the example of our first President, at the annual meeting when he was reëlected, in presenting a paper before us, may be regarded as a precedent for future officers. That paper was brief, but interesting and instructive. It gave an account of the various exercises at the several meetings during the year, and ended with the relation of a very interesting case of convulsions.

I have chosen to follow that example in two particulars, viz: first, in presenting a paper, which drawn up hastily, may not be satisfactory, even to myself, yet may pass for its turn. Secondly, in its brevity. This last, I regard as a virtue or quality of no small importance, for in these days of lightning speed, when rapidity and brevity seem to mark every thing, lengthy communications are rarely read, or if read, it is with little interest, and that little lost before the reading is ended. I shall, therefore, briefly allude to some of the occurrences and transactions of the past year.

During the year just closed, the members of the Association have enjoyed uninterrupted good health, with two exceptions. Dr. Martin suffered severely for a time from bilious and renal difficulties, experiencing severe pain, fever, &c. For a time considerable apprehension was felt for his safety, but under the use of veneasection, calomel, opiates, baths, &c., his convalescence was soon established, and in due time he was completely restored to good health.

Dr. Horne was attacked, somewhat suddenly, with congestion of the lungs; raised considerable blood, had high arterial excitement, cough, &c., but the symptoms yielded readily to cupping, blisters, calomel, antimony, mucilages, &c. No one of our members has died.

Since our last annual meeting the committee appointed for that purpose has procured the suit of rooms we now occupy. It having been represented to Capt. Paul, agent of the Cocheco Manufacturing Co., that we wanted a suit of rooms in the Company's blocks, for our meetings and for clinical purposes, he expressed himself pleased with our objects, and cheerfully offered us the gratuitous use of the rooms asked for; and by the liberality of Messrs. Geo. P. Folsom, A. & J. B. Folsom, A. C. Smith, E. J. Lane, C. A. Tufts, and others, our rooms have been furnished with much that was necessary for our convenience and success. Other articles of furniture, plates, instruments, apparatus, &c., have been purchased by the committee and are placed in the Hall for the use of members here or elsewhere. The rooms are furnished in a neat and substantial manner, and seem well adapted for our purposes.

Since our clinic was opened last autumn, we have received patients, according to the record, from this and several of the neighboring towns, and so far as the record goes or we can learn, the cases have progressed favorably: it is to be regretted that we cannot follow out, or have the progress and result of treatment fully reported in all cases for which we prescribe. Nevertheless, it is believed, that although this charity is being known through the newspapers, whose publishers generally advertise it without charge, it will, when more generally known and understood, have numerous calls and do great good to the community.

Our meetings have usually been interesting and instructive, not always because the appointed orators have been punctual and read valuable papers; but when these have failed there have been those present who were prepared to report cases or discuss questions of interest and importance to the physician and surgeon; and some of these meetings have been among the most interesting and valuable of the year. Drs. Martin and Smith, holding important political positions, were of necessity at the capital of the State during a portion of the year, and consequently we were not as often favored with their presence or communications as formerly.

The funds of the Association amount to about three hundred dollars, derived from doing the pauper business. For further particulars I must refer you to the Treasurer's report.

The advantages of such organizations, if properly conducted, are many and great; and if each member of our Association will be prompt in his attendance and furnish his quota of "subject and matter" for the observation and investigation of his brethren, this Society and its members will flourish and prosper as we progress and time advances.

Allow me to suggest that no ordinary business or affairs should keep us from the meetings of the Association, if we wish it to prosper as it ought. The social and fraternal feelings that are begotten and cultivated at our meetings, to say nothing of the scientific or practical knowledge we may acquire or develop, is to me ample compensation for the time and sacrifices I may make to be present at every meeting when practicable, and I am confident all may usually attend if they have sufficient interest and are disposed to do so. No object, however good or desirable, can be accomplished without exertion; and if we would have the "Dover Medical Association" do all that we have hoped and expected, we must make efforts and continue to exert ourselves for the accomplishment of what we desire.

I can only say in conclusion, let us all do what we have it in our power to do, and this Society shall not live in name only, but in prosperity and great practical usefulness.

[For the N. H. Journal of Medicine.]

CASE OF OVARIAN TUMOR.

BY W. H. H. RICHARDSON, M. D., EAST MONTPELIER, VT.

R. T., aged 29, widow and mother of five children, first sought medical advice on the 30th of May, 1850. She had enjoyed good health until three years since, when she discovered a tumor in the right iliac fossa, which, (she said,) had "constantly increased up to this time." Since the first discovery of the tumor she had borne one child.

When first examined her general health was quite good—cateminia regular—bowels somewhat costive. The tumor appeared to be ovarian,—to contain no cysts, (as there was no crepitation upon manipulation,)—about six inches in diameter, and to have great mobility.

A vaginal examination discovered the mouth of the womb to be in a state of ulceration;—these ulcerations were cauterized with nit. argent. once a week until they healed. Blisters were applied over the tumor in front and a dressing of ung. potass. iodid.

On the 24th of August the tumor seemed to have considerably decreased, but there had been occasional uterine hæmorrhage accompanied by tetanic convulsions, (supposed to depend upon uterine irritation,) and occasional colicy pains in the right iliac region.

On the 28th of August symptoms of acute peritonitis appeared, of a local character, and confined to the region of the tumor, at which place the tenderness on pressure was excessive; elsewhere it was not well marked.

She was treated actively,—with calomel and opium, and blisters to the region of tenderness.

Aug. 29. The symptoms were better; less tenderness on pressure over the tumor, but a peculiar sensation of crepitation which was attributed to recently effused lymph, connecting the surface of the tumor to the parieties of the abdomen. The tumor was now fixed in its position, having lost all mobility. By the first of Sept. the symptoms of peritonitis had mainly disappeared, but those of an intense enteritis were manifested; pulse, 120, small and wiry,—extremities cold—face pinched and sunken—great precordial anxiety, and frequent profuse watery discharges tinged with blood. These acute symptoms were by active treatment subdued, but the patient gradually sunk, and died on the 8th of Sept.

Autopsy twelve hours after death. The parieties of the abdomen were found adherent to the surface of the tumor, which was of a very dark color, and at points greenish. The peritoneum in contact was stained dark by imbibition. The small intestines and colon were every where adherent to the tumor, which was found firmly fixed in its position, but the adhesions were easily torn through, being evidently recent. No fluid was found in the peritoneal cavity nor any evidence of peritonitis, except in the region of the tumor. On separating the tumor from its adhesions, it was found to be attached to the uterus by the right broad ligament, and, *in fact*, to consist of the right ovary.

The pedicle of the tumor was found in a very short tight twist, which appeared to have resulted from the revolution of the tumor on its axis one and a half time. The veins on the distal side of the tumor were very much distended. Internally the tumor was deeply stained with blood, having been intensely congested. It was fibrous, with irregular cavities in its centre.

The mucus surface of the large intestine had evidently been the seat of severe inflammation, it was thickened, softened, and very red from minute extravasations. The small intestines were not essentially diseased.

The revolutions of the tumor, doubtless, caused the colicy pains, — then congestion and engorgement, which gradually passed into inflammation.

I do not recollect to have heard or read of a similar cause of death.

[For the N. H. Journal of Medicine.]

ALUM AS AN EMETIC IN CROUP.

Mr. Editor :—I notice in the Jan. No. of your Journal a remark upon the use of alum as an emetic in cases of poisoning by opium. This leads me to add my testimony to its use in cases of *true* croup.

While spending the winter in New-York in 1849–50, Prof. Parker, at the College of Physicians and Surgeons, took occasion in one of his lectures to say that serious doubts were entertained by many, eminent in the profession, as to our ability to cure a case of true croup. At the close of the lecture an elderly and respectable physician from South-Carolina, arose and said that for many years he had made use in his practice of alum emetics for breaking up the recent formations of false membrane in cases of true croup, and that he considered the practice not only entirely safe, but very successful.

For three years I have used this remedy in croup, and in that time have not seen a fatal case which was treated with it from the beginning. I do not recommend it as a specific, but I believe it to be a very safe and efficient remedy. I have usually given about ten grs. once in ten minutes, until vomiting is induced. I do not omit, whilst using the alum, to use the tartar emetic or the hive syrup freely,—for this acts to subdue the inflammation, while the alum has more of a revulsive action.

If you have a case of croup, (uncomplicated, "pure and simple,") try it, thren. W. H. H. R.

AN ESSAY ON SORE THROAT, OR CHRONIC PHARYNGITIS.

Read before the Memphis Medical Society, May 1852.

BY A. P. MERRILL, M. D.

This disease is of frequent occurrence, sometimes being caused by acute inflammation of the lining membranes of the throat, and sometimes by scarlatina, measles, exposure to cold, etc. It consists of a sub-acute inflammation or hyperemic condition of the mucus membrane of the pharynx, frequently involving the tonsils and palate, the glottis and epi-glottis, and extending into the nares and eustachian tubes, and even into the external meatus of the ear. The membrane presents in these cases a highly vascular condition, and sometimes an evident thickening or hypertrophy, and not unfrequently an œdematous tendency.

In cases of severity there is a pretty constant tickling in the throat, producing a disposition to cough or to hack; a feeling of irritation and roughness about the palate and glottis; painful deglutition, and an increase of all the unpleasant symptoms consequent upon an overstraining of the voice, followed by hoarseness, and in some instances by temporary or permanent aphonia. In such cases, the secretions from this membrane are nearly suspended; but with a partial abatement of vascular action, a viscid mucus is formed, which adheres closely to the surface, and by the irritation it produces, causing coughing.

As in other cases of sub-acute inflammation of the mucus membranes, a long continuance of this disease sometimes leads to ulcerations. The ulcers are generally of a phagedenic character, spreading rapidly, with considerable waste of substance, and exceedingly sensitive to the touch. The act of deglutition, while these ulcers exist, is attended by acute pain, like the thrust of sharp instruments into the flesh. Sometimes the ulcerative process is of the pustular character, producing pustules or pimples considerably elevated and filled with matter. This form of the disease has been called "Follicular Pharyngitis."

Chronic pharyngitis sometimes has its beginning in early youth, and continues without any very urgent symptoms for many years. Persons troubled with this form of the disease are apt to experience a tickling in the throat, attended by a collection of viscid mucus, and a disposition to cough, or to hawk, upon every sudden transition from warm to cold air, and particularly upon first going out in the morning, in cold and damp weather. But these symptoms pass off as the day advances and the system becomes warmed by exercise.

When the hyperæmia and turgescence are much increased from any cause, rupture of some of the engorged blood-vessels is a common occurrence, and the patient ejects mucus tinged with blood, which is hawked up from the throat. By close attention to this act, it is easy to distinguish such cases from those of bronchitis, in which bloody sputum is coughed up from the lungs. And it is not difficult for an experienced observer to distinguish pharyngitis in all its stages from laryngitis, trachitis and bronchitis, even by the act of coughing or of ejecting sputum from the throat by convulsive efforts, which are short of coughing, generally called hawking or clearing of the throat. Pharyngitis leads to the establishment, of those other diseases, however, by the extension of the diseased action into the air passages, and then the two affections exist together. This is the result so much to be dreaded, and which makes the early and skillful treatment of the disease of the utmost importance.

Habitual coughing, to a greater or less extent, is a common symptom attending pharyngitis, and it is one which requires our particular attention. I believe it is a well ascertained fact, that the lungs cannot be exercised by frequent and long continued coughing, from any cause, without danger of the most serious consequences. The bronchial tubes are certain, sooner or later, to take on an excited and diseased condition from this convulsive movement, with every danger of hæmorrhage and ulceration supervening, attended by hectic fever and other characteristic symptoms of phthisis pulmonalis. Indeed, a large majority of the cases of consumption which I have met with, have had their origin in a cough proceeding from the irritation caused by chronic pharyngitis. Persons of a strumous habit, and those who labor under the disadvantages of an hereditary taint, are perhaps more liable to this result than others, and experience its fatal influence in a shorter period of time; but the exciting cause is the same, and the course of the disease very similar.

This disease is commonly called *bronchitis*, but this is an erroneous designation, for the bronchital tubes are not primarily affected, and when they do become seriously involved in the diseased action, it is not long before a name of more fearful import is assigned to it. We hear then of consumption, and not bronchitis.

Public speaking is one of the most exciting causes of pharyngitis, and clergymen, therefore, appear to be particularly obnoxious to it. This arises mainly from the unnatural and labored efforts which they are accustomed to make, together with their want of knowledge of the physiology and philosophy of the human voice. These efforts are in some cases repeated very often, in consequence of the high estimate which Christians of the present day place upon much preaching; and they are frequently made in over-heated and corrupted atmosphere, the transition from which to a cooler and purer medium, in a state of fatigue and exhaustion, has a strong tendency to enhance the ill effects.

The usual remedies for this disease are counter-irritants externally, and stimulating and escharotic applications to the diseased surface. The former consist of blisters and various kinds of stimulating embrocations, accompanied by the use of flannel or silk to protect the throat from the influence of the cold air. The beard is sometimes permitted to grow for the same purpose. Sometimes a contrary course has been pursued, and the whole neck has been bared to the weather, with frequent cold ablutions, general cold bathing, and even the application of ice. These various remedies have their advocates, and no doubt all have proved useful under certain conditions.

The applications made to the throat, internally, are capsicum, the sulphates of copper and zinc, nitrate of silver, etc. Capsicum has been found very useful in many cases, from its actively stimulating effects upon the torpid vessels, by which they are made to contract their calibres, and thus reduce the prevailing hyperæmia. A healthy secretion of mucus sometimes follows this application, and a consequent relief of urgent symptoms. The principal fault in its application consists in its being prescribed as a gargle. Used as such, in the general acceptation of the term, it does not reach, to much extent, the diseased surface, but comes in contact principally with the mouth and lips, annoying the patient by its burning stimulation, without much influence over the disease. The best way of applying it is by the use of a camel's hair brush, or a bit of sponge, using a strong decoction, and washing it well over the diseased surface. Or, if the patient throws back his head, and by the use of a small spoon carries a few drops far back upon the root of the tongue, and then swallows with the throat in this straightened position, he will bring the liquid in contact with a considerable portion of the diseased membrane, and avoid at the same time its unpleasant effects upon the lips.

The nitrate of silver has latterly been in higher repute in the treatment of this disease than any other topical remedy; and it is at this time, I believe, more generally prescribed. It is no doubt valuable, and I have myself witnessed the happiest effects from its application, both in solution and in substance. In one case of considerable violence, however, phagedenic ulcers formed in the throat while the patient was applying a strong solution of the nitrate of silver to the part affected, three times a day. These ulcers were cured, and the disease greatly relieved by the substitution of a solution of sulphate of copper. But I need not pursue this subject of treatment, which is so familiar to you all, and will therefore proceed, without further remark, to the special object of this paper.

It will be recollected by some of the members present, that several months ago I invited the attention of the society, verbally, to the use of iodine as a topical application to the internal throat, in this disease. I had at that time only a limited experience with the remedy, but had witnessed remarkable effects from its use in several cases. And now, after some further trials by myself and others, I am so far confirmed in my favorable opinion of the remedy, as to feel myself called upon by a sense of duty to the profession, the society, and to mankind, to direct your attention to the subject in a more formal manner.

Having been in the constant use of this remedy in my practice for more than a year, and having succeeded in relieving several cases of chronic pharyngitis with it, which had resisted the use of other active means of cure, I now venture to recommend it as a valuable remedy, and to request the members of this society to put its merits to the test of experiment, as they have opportunity, and to report the result to the society.

The following is a convenient formula, which may be applied to the throat, with a camel's hair brush, once or twice a day, or as often as the patient feels a tickling sensation or a desire to cough. Persons afflicted with this disease will find it advantageous to have the remedy at hand during the night, so that the cough may be arrested at once, whenever it becomes troublesome:

℞.	Iodide of potassium	ʒj.
	Iodine	ʒss.
	Water	℥j.
	Gum Arabic	ʒij.
	White sugar	ʒij.—Mix.

For the external meatus of the ear the following is used:

℞.	Iodide of potassium	gr. vj.
	Iodine	gr. iij.
	Water	℥j.
	Glycerin	ʒij.—Mix.

In some cases of long standing this solution proves to be too weak. It should be of strength to produce a slightly burning sensation. The glycerin is important on account of the dryness of the meatus, which nearly always attends these cases, and this may be increased at pleasure. A few drops may be put in the ear once or twice a day, and in cases of severity, or insensibility, a lock of cotton may be charged with the solution and suffered to remain in the ear. It must be borne in mind, however, that in many cases of diseased ear, the meatus externus is extremely sensitive, and will not bear the application of iodine. Proper caution should therefore be observed in its use, lest it prove too stimulating and give pain.—*New-Orleans Journal.*

NON-FATAL ACCIDENTS FROM ANÆSTHETICS, WITH OBSERVATIONS.

Read before the Medico-Chirurgical Society of Cincinnati.

BY W. H. MUZZEY, M. D.

Recently, in one of the courts of justice in Paris, two surgeons were condemned to pay a fine (merely nominal) for allowing a patient to die under the effects of chloroform. The court sustained the following allegations, and hence its decision:

1st. That chloroform was unnecessarily administered, as the operation to be performed was not of sufficient magnitude to justify its employment.

2d. That the room was not sufficiently ventilated.

3d. That no provision had been made against accident.

In view of the last point, the very natural question arises, What precautions against accidents should be taken by those administering anæsthetic agents?

One answers, that no death has occurred from the use of sulphuric ether, and therefore there need be no apprehension from its administration; another has never *heard* of a death from chloric ether, and claims for *it* great advantages over other agents; whilst the advocates of chloroform attribute all accidents to the *impurity* of the article.

It is not my purpose to discuss the comparative merits of these agents, but I am persuaded that each, however pure it may be, will meet with idiosyncracies forbidding its administration.

In death from anæsthesia, there is suspension of respiration from paralysis of the nerves presiding over this function, and consequently, suspension of the heart's action. To reänimate, M. Jobert de Lambelle (of l'Hotel Dieu) counsels the use of irritants to the skin, currents of air passed over the body, excitants applied to the tongue, cauterization of the mouth and throat with ammonia and currents of electricity. M. Ricord remarked to me, that artificial respiration alone, if persevered in, would prevent fatal results, and instanced three cases in his own practice, which were saved by that procedure.

The following case will illustrate the value of the suggestion; but first a word as to the agent employed, and means of its administration. We have used for four years the mixture of one part (by measure) of chloroform, and two parts of washed sulphuric ether, both of which are from the manufactory of Messrs. Powers & Weightman, Philadelphia. The vehicle for administration is a large silk handkerchief (an old bandanna) of very loose texture, which has been used for this purpose solely for four years. This is shaken out of its folds and gathered lightly in the hand, and usually a fluid drachm of this mixture is put upon it, and it is held lightly over the face, covering the nose and mouth. If there is much irritation of the lungs, the handkerchief is removed from time to time till it ceases, and when the patient is sufficiently quiet for the commencement of an operation, we not unfrequently add a little fresh material, and leave the handkerchief upon the face for a few minutes.

JUNE 6th, 1852.—Michael O'Hara, native of Ireland, emigrated seven years since; is 27 years of age, of sanguine temperament, full habit, capacious chest, has great muscular development, and weighs 170 pounds. Once in two or three weeks drinks freely of whiskey for two days, and works daily in the intermediate time. Had a "spree" for two days last week.

Eight months since, was working under a bank of earth, which caved upon him and injured his back, since which, has had incessant pain in the lumbar portion of the spine, notwithstanding internal medication and the application of cups, blisters, and irritating ointments; now, pressure over the third lumbar vertebra produces pain.

15th.—Propose to apply the actual cautery over the spine.

16th, 8 o'clock, A. M.—At the patient's lodgings, an Irish lad of 16 years present with us. Patient has eaten nothing for 13 hours; is lying on his back in a room ten feet square; the head of the bed is under an open window, and at the foot, the door stands open. Circulation full and strong, with 80 pulsations per minute. Commenced the administration of the mixture of chloroform and ether. The first approach of the handkerchief to the face caused slight coughing, which soon subsided. In four minutes the patient became very loquacious, jabbering in Gaelic, and made great muscular exertion, (usually the case with Irish patients,) and muscles became rigid; pulse 70. The handkerchief was removed for 30 seconds; the muscles relaxed; the respiration became disembarrassed, and pulse 65. Inhalation was resumed and continued for one minute, when I considered the effect nearly sufficient. Pulse 60, full and regular. Putting half a fluid drachm of the mixture upon the handkerchief, I left it upon the face, and stepped below stairs for the heated iron, leaving the lad with the patient. (The iron was in a stove 25 yards from the bedside, and I found subsequently, on going over the ground with the same expedition, that I was absent from the room forty seconds.) On my return the wrist was pulseless, and the action of the lungs and heart entirely suspended. I shook the patient, dashed water in his face, turned him upon his side, then upon the back again, gave various positions to the head, pressed upon the chest to expel the air from the lungs and allow fresh air to replace it. This was kept up for one minute. I then placed myself on the bed at one side of the body, and with my own mouth upon that of the subject, inflated the lungs, then expelled the air by pressure upon the chest, and allowed the pure air to take its place; this in turn was expelled, and the lungs again inflated by my own. In this manner I kept up artificial respiration for the space of three minutes, every alternate inflation being from the atmosphere. Suspending these efforts for a few seconds and seeing no signs of life, I despatched the lad for a professional friend, and resumed artificial respiration. After one minute, I thrust my finger into the throat, and agitated the epiglottis, in hopes to provoke a spasm of the glottis, but without success. Continued artificial respiration for another minute, and a second time thrust my finger into the throat, with no better success. Artificial respiration for half a minute, and a third time thrusting my finger into the throat, but deeper than before, so as to penetrate between the cords of the glottis, I suddenly withdrew it, but immediately repeating the movement with greater violence, the much wished-for "spasm" grasped my finger, and there was a slight quivering motion of the chest. Artificial respiration resumed, and in two minutes the patient had no need of my assistance.

He was still insensible, but the application of the iron, which was reheated, partially aroused him. Five minutes after, he was perfectly sensible, complained of great weakness, but had no idea of the peril he had passed through. Half an hour later he seemed as well as patients ordinarily are after the use of chloroform, and subsequently there were no unusual symptoms.

The amount of the mixture used on this occasion was six fluid drachms—two of chloroform and four of ether.

There was no pulsation of the heart, or respiratory movement for seven minutes.

Reänimation is attributable to artificial respiration and irritation of the glottis.

Cincinnati, Sept. 20, 1853.

Since preparing the foregoing, I have witnessed another case of the unfavorable effects of an anæsthetic agent.

Mr. L., farmer, aged 49 years, height five feet ten inches, moderately fleshy, and of lymphatic temperament.

OCTOBER 12th, 11 A. M.—Patient in the horizontal position; has not eaten for 17 hours; pulse 95 per minute. Commenced the inhalation of the mixture of chloroform and ether. There was slight irritation of the lungs at first, which occasioned some delay. At 11 o'clock, 10 minutes, partial anæsthesia; respiration easy; pulse 80. One minute later, the pulse suddenly dropped to 60, and I removed the handkerchief. There was but little respiratory action; the muscles of the chest were quiet, and those of the abdomen moved feebly. Pulse rose to 18 for a quarter of a minute, and immediately fell to 13. The movement of the abdominal muscles ceased, but only one respiratory movement was lost, as with one hand I opened the mouth; and with the other made pressure upon the chest. Three movements of this kind gave sufficient impulse to the respiration, and no farther assistance was necessary. The pulse steadily improved. A little water was thrown in the face, and the patient returned to consciousness ten minutes after, and for several days he complained of great weakness. Eight days subsequently, with great composure, (without anæsthesia,) he submitted to the extirpation of a large tumor of the neck, previous to which I ligated the primitive carotid artery.

Six drachms of the mixture were used.

The facts in this case strengthen the position assumed in connection with the other, viz.: that the derangement of the circulation is consequent upon impaired respiratory action.

My father, Dr. R. D. Mussey, informs me, that a year since, on account of untoward symptoms similar to the above, he was obliged to postpone an operation which was subsequently performed without anæsthesia.

In March, 1849, we were near losing a patient, from the unskillful management of chloroform by a non-professional bystander; and not long after, we tried the mixture of chloroform and ether, and have used no other anæsthetic agent since, under the opinion that the ether sustains the vital powers against the purely sedative effect of the chloroform. Experience has taught us, however, that there is liability to accident from its use.

I am constrained to believe, that a frank avowal of the profession would create astonishment at the great number of non-fatal accidents that have occurred, and that the details would aid in the establishment of principles for conduct in its administration, and serve to throw around the sale and use of anæsthetic agents, such guards as would protect the community from their direful effects. Even in Edinburg, where it is claimed, that in a hundred thousand cases where chloroform has been used, not a single accident has occurred; *untoward symptoms have compelled the suspension of the use of the article*, (as I was informed by an assistant of Dr. Simpson,) which the operators profess to be able to trace to the *impurity* of the agent employed.

My attention has just been called to the researches of Prof. Horsford, Cambridge, Ms., (*Bost. Med. and Surg. Joarnal, Oct.* 19,) and to a paper in the *Am. Journal of Medical Science* for Oct., from Dr. Bickersteth, of Liverpool, to which I refer as corroborative of the positions herein assumed, viz:

First. That accidents from anæsthesia are generally attributable to idiosyncracies in the subjects.

Second. That derangements of the circulation depend upon the disturbance of the function of respiration.

Third. That artificial respiration is the most valuable of all means for counteracting dangerous symptoms.

October 25, 1853.—*Western Lancet.*

OBSERVATIONS ON NON-RECURRENCE OF SECONDARY ATTACKS OF DYSENTERY.

BY AUSTIN FLINT, M. D.

In a clinical report on Dysentery, based on an analysis of forty-nine cases in the course of publication in the Buffalo Medical Journal, Prof. Flint has a section devoted to observations on the "recurrence of the disease," which we copy entire.

The subjects of this section are interesting, and so far as I know have not been investigated by means of recorded facts. What remote effects, if any, in the organism, follow an attack of dysentery? Does it beget a predisposition to any other disease? Does it impair the constitutional vigor? Is the *patient* afterwards liable to renewed attacks of the disease, or is the susceptibility to the action of the cause, or causes, lessened, or destroyed, so that the morbid processes having once taken place, there is greater security, if not entire exemption thereafter? These are questions interesting in themselves and important in their pathological bearings. The facts in this collection of cases pertaining to these subjects are not numerous, but, few as they are, they lead to the belief that they involve something more than coincidences; that they point to laws of the disease which do not appear, as yet, to have received attention. I will proceed to present the results developed by the analysis.

Of the thirty-eight cases ending in recovery, in sixteen, the patients either continued under observation, or definite information was obtained respecting their subsequent health for periods varying from one year to thirteen years. To be more precise with regard to these periods, the duration of the subsequent history in the cases respectively are as follows: thirteen years, one case; seven years, two cases; five years, two cases; four years, nine cases; two years, one case; and one year, one case. In all, sixteen cases. Of these sixteen patients only one has died. The patient died with tuberculosis of the lungs, four years after recovering from dysentery. Of the remaining fifteen cases, in all, the health has been good during the periods respectively during which the patients remained under observation, or within knowledge. I mean by this, that not one has suffered from any other important disease, and in nearly every instance there has been excellent health.

Not one of these fifteen patients had experienced a second attack of dysentery. The result is rendered somewhat more striking by the fact that, exclusive of the case in which the date of the disease was but a year since, all the patients have been for several years past within the sphere of an epidemic influence, the disease, as already stated, having prevailed more or less, as an epidemic in this city, in the autumnal months for the last four years. I can also call to mind several cases of dysentery occurring at least four years since, the histories of which were not taken, the patients, in the meantime, being under observation. In none of these instances has the disease been twice experienced. *I have not yet met with a second attack of dysentery.* It is worthy of notice that three of the cases in this collection occurred in one family at different dates, viz: one case, thirteen years ago; one four years, and one two years. In these instances new subjects were attacked, they escaping who had previously had the disease.

It would seem, from these facts, that an attack of dysentery does not exert an unfavorable influence on the organism, that patients are not rendered thereby prone to any particular disease, but, on the other hand, enjoy good health. It would also seem that patients are not liable to a repetition of the disease.

I would not be understood as presenting these inferences in the light of established truths. The number of observations is too small to warrant deductions which shall represent fixed laws of the disease. But, as already remarked, it is difficult to account for the facts on the hypothesis of their being due to mere coincidence; and I repeat that the facts point to existence of laws which remain to be settled by further investigation. We are at least justified in concluding, from the data before us, that deterioration of the health subsequent to dysentery is not the general rule, and that an attack does not lead to any increased susceptibility to the cause or causes of the disease.—*N. Y. Journal.*

THE TABLE-TURNING DELUSION.

The following is from Professor Faraday, of the Royal Institution:

To the Editor of the London Times:

"Sir:—I have recently been engaged in the investigation of table-turning. I should be sorry that you should suppose I thought this necessary on my own account, for my conclusion respecting its nature was soon arrived at, and is not changed; but I have been so often misquoted, and applications to me for an opinion are so numerous, that I hoped, if I enabled myself by experiment to give a strong one, you would consent to convey it to all persons interested in the matter. The effect produced by the table-turners has been referred to electricity, to magnetism, to attraction, to some unknown or hitherto unrecognized physical power able to affect inanimate bodies, —to the revolution of the earth, and even to diabolical or supernatural agency. The natural philosopher can investigate all these supposed causes but the last; that must, to him, be too much connected with credulity or superstition to require any attention on his part.

"Believing that the first cause assigned—namely, a *quasi* involuntary muscular action (for the effect is with many subject to the wish or will)—was the true cause, the first point was to prevent the mind of the turner having an undue influence over the effects produced in relation to the nature of the substances employed. A bundle of plates consisting of sand-paper, mill-board, glue, glass, plastic, clay, tinfoil, card-board, gutta percha, vulcanized caoutchouc, wood, and resinous cement, was therefore made up and tied together, and being placed upon a table under the hand of a turner, did not prevent the transmission of the power; the table turned or moved exactly as if the bundle had been away, to the full satisfaction of all present. The experiment was repeated, with various substances and persons, and at various times with constant success; and henceforth no objection could be taken to the use of these substances in the construction of apparatus. The next point was to determine the place and source of motion; i. e., whether the table moved the hand, or the hand moved the table; and for this purpose indicators were constructed. One of these consisted of a light lever, having its fulcrum on the table, its short arm attached to a pin fixed on a card-board, which could slip on the surface of the table, and its long arm projecting as an index of motion. It is evident that if the experimenter willed the table to move toward the left, and it did so move *before* the hands, placed at the time on the card-board, then the index would move to the left also, the fulcrum going with the table. If the hands involuntarily moved towards the left *without* the table, the index would go towards the right; and if neither table nor hands moved, the index would itself remain immovable. The result was that when the parties saw the index it remained very steady; when it was hidden from them, or they looked away from it, it wavered about, though they believed that they always pressed directly downwards; and when the table did not move, there was still a resultant of hand force in the direction in which it was wished the table should move, which, however, was exercised quite unwittingly by the party operating. This resultant it is, which, in the course of the waiting time, while the fingers and hands become stiff, numb, and insensible by continued pressure, grows up to an amount sufficient to move the table or the substances pressed upon. But the most valuable effect of this test-apparatus (which was afterwards made more perfect and independent of the table,) is the corrective power it possesses over the mind of the table-turner. As soon as the index is placed before the most earnest, and they perceive—as in my presence they have always done—that it tells truly whether they are pressing downwards only or obliquely, then all effects of table-turning cease, even though the parties persevere, errnestly desiring motion, till they become weary and worn out. No prompting or checking of the hands is needed — *the power is gone*; and this only because the parties are made conscious of what they are really doing mechanically, and so are unable unwittingly to deceive themselves. I know that some may say that it is the card-board next the fingers which moves first, and that *it* both drags the table and also the table-turner with it. All I have to reply is, that the card-board may in practice be reduced to a thin sheet of paper weighing only a few grains, or to a piece of goldbeaters' skin, or even the end of the lever, and (in principle,) to the very cuticle of the fingers itself. Then the results that follow are too absurd to be admitted: the table becomes an incumbrance, and a person holding out the fingers in the air, either naked or tipped with goldbeaters' skin or card-board ought to be drawn about the room, etc.; but I refrain from considering imaginary yet consequent results which have nothing philosophical or real in them. I have been happy thus far in meeting with the most honorable and candid though most sanguine persons, and I believe the mental check which I propose will be available in the hands of all who desire truly to investigate the philosophy of the subject, and, being content to resign expectation, wish only to be led by the facts and the truth of nature. As I am unable, even at present, to answer all the letters that come to me regarding this matter, perhaps you will allow me to prevent any increase by saying that *my apparatus may be* seen at the shop of the philosophical *instrument maker—Newman, 122* Regent-street.

"Permit me to say, before concluding, that I have been greatly startled by the revelation which this purely physical subject has made on the condition of the public mind. No doubt there are many persens who have formed a right judgment or used a cautious reserve, for I know several such, and public communications have shown it to be so; but their number is almost as nothing to the great body who have believed and borne testimony, as I think, in the cause of error. I do not here refer to the distinction of those who agree with me and those who differ. By the great body, I mean such as reject all consideration of the equality of cause and effect; who refer the results to electricity and magnetism—yet know nothing of the laws of these forces; or to attraction—yet show no phenomena of pure attractive power; or to the rotation of the earth, as if the earth revolved round the leg of a table; or to some unrecognized physical force, without inquiring whether the known forces are not sufficient; or who even refer them to diabolical or supernatural agency, rather than suspend their judgment, or acknowledge to themselves that they are not learned enough in these matters to decide on the nature of the action. I think the system of education that could leave the mental condition of the public body in the state in which this subject has found it must have been greatly deficient in some very important principle.

I am, sir, your very obedient servant,

Royal Institution, June 28, 1853. M. FARADAY.

A VALUABLE SUBSTITUTE FOR ERGOT.

BY DR. B. H. WASHINGTON, OF WOODBURN, KENTUCKY.

Dr. Washington has recently discovered that dry cupping, applied to the spinal origin of nerves, has the effect of stimulating the function of the organ to which the nerves are distributed. Applied to the lowest part of the sacrum, dilatation of the os uteri is produced; and applied higher up, contraction of the uterus follows.

In an obstetrical case, where the pains had endured fourteen hours without producing any perceptible effect, in consequence of rigidity of the os uteri, Dr. Washington applied a dry-cup as low down on the sacrum as possible, so as to cover the origin of the nerves to the os uteri. The result was most satisfactory, for complete relaxation ensued; at the next pain the head descended to the outlet, and at the second pain the patient was safely delivered, and that in less than ten minutes from the application of the cups. *In tedious labor, the cup should be applied, first, to the lowest point of the sa-*

crum, and if, in the course of ten or fifteen minutes, the patient is not delivered, another should be applied higher up, so as to cause the uterus to contract. The lower one should always be on when the upper one is applied, so as to insure relaxation of the os uteri when the pains come on.

In cases of retained placenta, a contrary course is recommended; the cups are to be applied higher up, so as to cause the uterus to contract at once, the relaxation of the os uteri being always sufficient after the fœtus has passed.

The great advantage of this method of causing the os uteri to relax, and the uterus to contract, over the plan of giving ergot, needs no other recommendation than a simple statement of facts. When ergot is ministered, the woman is delivered by main force, in opposition to the proceedings of nature, without any relaxation except that produced by the most fearful pains. By dry cupping such a complete relaxation is produced, that two or three pains are sufficient, and the amount of suffering is not more than ordinary. — *Nashville Journal Med. and Surg.*

INFUSUM JUNIPERI COMPOSITUM. Mr. Proctor says: "Having had occasion to prepare a variety of diuretics, for a member of my family affected with valvular disease, attended by dropsical effusion into the pleura and pericardium, none of them proved so successful as the infusion of juniper berries with cream of tartar. The necessity of making the infusion every day, led to the adoption of the following formula, which was afterwards used with much satisfaction.

Take of juniper berries thoroughly bruised, four ounces;
" Holland gin, four fluid ounces;
" boiling water, twelve fluid ounces.

Pour the boiling water over the bruised juniper, add the gin, mix them, and let them macerate for twelve hours. The whole should then be thrown on a cotton cloth and expressed, and sufficient water added to the dregs and pressed out to make the infusion measure a pint.

The preparation thus made has an opaque brown color, and a decided odor and taste of the berries. When desirable, it may be made more active by rubbing one dracham of the oil of juniper with the bruised berries, then pouring the gin upon them, and after macerating an hour, adding the boiling water, and continuing the maceration for eight or ten hours longer. The liquid is then separated by expression as above. When made by the last method, the infusion contains more of the oleo-resin of juniper in suspension, and is much less agreeable to the taste, but is more active and efficient. When atient is troubled with *gastric irritability*, the first infusion is more ap- late. *Whichever may be employed*, the dose is from a table spoonful to a wine glass full, mixed with a teaspoonful or more of cream of tartar, three times a day regularly. It is much better, in prescribing juniper berries and cream of tartar for a patient, to direct the salt to be kept separate from the berries, and administered by measured doses with the infusion after it is made; because, when they are infused together, a large portion of the biturtrate crystalizes among the juniper dregs as the infusion cools, and is lost by straining the infusion.—*American Journal of Pharmacy.*

EXTRACT OF CAPSICUM.—*By W. C. Bakes.*—At the request of a physician of this city, I have been induced to prepare the above extract. Although the Pharmacopœia recognizes the Infusum Capsici, and also the Tinctura Capsici, yet it is not always convenient to administer a medicine in the form of a liquid; therefore an extract was thought of, as being perhaps the most convenient to the medical profession. After some experiments, I have found the following formula the most satisfactory:

Take of Powdered Capsicum............................8 ounces.
Dilute Alcohol..................................1½ pint.

Moisten the capsicum with a sufficient quantity of the dilute alcohol, and set the mixture aside in a close vessel, to macerate, for six days; then place it in a percolator and pour dilute alcohol on it until four pints have been obtained; and evaporate by means of a water bath to the consistence of an extract. It is very powerful, and when a small quantity has been placed on the tongue, it produces an insupportable burning sensation immediately; and, if left too long, will act as an epispastic. It has been used with success combined with quinine, in cases of intermittent fever, occasioned by the too frequent use of ardent spirits. An ointment made in the following manner: Take of Extract Capiscum, ʒj; Simple Crate, ℥j; was found to act as a rubefacient in less than twenty minutes. It may be used with success where a simple rubefacient is required.—*American Journal of Pharmacy.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, FEBRUARY, 1854.

Clerical Influence. In these latter days when too many (we fear a majority) of the clerical profession are disposed to meddle with the medical treatment of their parishioners when suffering from disease, and to use the influence of their profession in an unwarrantable manner for or against particular physicians; when, too many in their zeal for what they call reform, (often only another name for change,) plunge headlong into the support of the most absurd, unreasonable, and fanatical modes of treating the sick; when *Homœopathy*, *Motoropathy*, *Hydropathy*, *Thomsonism*, *Mesmerism* and *Spirit-rappingism* has its most active, noisy, and influential supporters and advocates among ministers of the Christian Religion; it is encouraging to find one who, having sufficient common sense to see the difference between Science, in its quiet and unobtrusive round of duty, and Humbug, in its glaring and importunate appeals to the follies and prejudices of weak minds, has also the moral courage to stand forth before the world and fearlessly manifest his preference for sober truth and his reasons "for the faith which is in him."

We have the highest respect for those clergymen who have manfully resisted the temptations every where thrown before them to aid the various forms of quackery in medicine,—on the other hand we have a mingled feeling of contempt and pity for those who have prostituted what should be a holy office to the degraded condition of paid agents and abettors of the hydra-headed monster, quackery.

The foregoing reflections were induced by reading in the Portsmouth "Chronicle" an article in relation to the mortality of the town of Hampton, in this State, from the pen of Rev. Mr. Hartwell, of the Methodist E. Church in that ancient town.

Did our limits allow, we would gladly copy the article of Mr. H. entire. He gives first the bill of mortality for 1853,—being one death in 35½ of the inhabitants, an unusual mortality for that town;—he also gives an abstract of the per centage of deaths for the last 120 years;—but the best of the whole is the following, which we consider a truth, the acknowledgment of which reflects credit upon its author.

"Another fact appears in examining the records of the town, that the average of life has been much lengthened in the period of 120 years. Diseases were once less complicated and severe than now, much less of sickness in proportion to the whole number of inhabitants, and any thing like a contagion or epidemic rarely known. When these did occur, as in 1734 and 1754, a large proportion of all attacked with the throat distemper, died; and those who died of the epidemic constituted nearly all who died in 1734, there being 60 deaths by this disease, and 8 deaths by all other diseases. In 1754, in 51 deaths, 37 died of throat distemper, and 14 by all other diseases; showing that in the latter period this disease was better managed on the part of medical attendants than in the first instance. Taking the record of the town, and the testimony of several of the most aged persons, it is very evident that there is much more sickness in proportion, and that too with complicated and dangerous maladies, and still many less in proportion die!—showing conclusively that life is being lengthened, and that medical science is on the advance, and on the part of medical attendants there is much more ability to "grapple with fell disease and conquer!" This, then, should call for grateful acknowledgments to our doctors' skill, induce us to put ourselves promptly under their care, and award them the credit of giving us, by God's blessing, a few more years in which to do and enjoy good. And whatever credit, in view of these facts, comes to the doctor, comes to the regular or Aleopathic course of treatment, for quackery of any sort in medicine has but little prevailed here, and in most instances where quacks and uneducated men have been employed, the diseases they have been called to treat have proved fatal in their hands. We, then, are in duty bound to rally round a legitimate and time-honored profession, and ever accord to it the credit which is due."

SCHNAPPS. Although not always flattering to our pride, 'tis well we should be reminded of our inadvertancies, and brought to see ourselves as others see us." Within the last six weeks we have received from the same source through different channels, three copies of a pamphlet entitled "Proofs and Evidences of the Purity and Medical Properties of Wolfe's Scheidam Aromatic Schnapps." Such pertinacity merits attention. In common with most of the profession, we received from the same source some year or two ago the liberal offer of a bottle of this medicine. Not wishing to incur any pecuniary obligations of this sort, we neglected to avail ourselves of the proprietor's generosity; but in this edition of "Proofs and Evidences" we see recorded the names of many of our friends who it seems were unable to withstand the too strong temptation of a pint of gin *"free gratis for nothing, and a bottle thrown in."* They have not only got the gin, but this magnanimous rumseller has conferred upon them both honor and celebrity. They have the *honor* of seeing their names in print, and they are already *celebrated* so far as the "Proofs and Evidences" are distributed, which would seem to be pretty extensively; and their names will go down to posterity along with that of "Udolpho Wolfe," as the fortunate recipients of "*a pint of* SCHNAPPS."

We copy from exchanges received since the above was written the following opinions of our editorial brethren:

"WOLFE'S SCHEIDAM AROMATIC SCHNAPPS. Shame on the medical men who have allowed their names to be used in aid of this bare-faced piece of quackery. The pamphlet before us contains the names of those among our personal friends and acquaintances of whom we expected better things. When *we* want to get drunk on Holland gin, we will not ask the scientific opinion of medical men as to the "purity and medical properties" of any article."—*Phila. Med. and Surg. Journal.*

One of the editors of the "Kentucky Medical Recorder" closes his notice of the "Schnapps" as follows:

"We keep a bottle of it constantly on hand for our own use, not that we have any disease actually requiring its exhibition, *but we find it a most agreeable remedy, especially if mixed with a little sugar and water.*"

The best view of the case we have seen is the following from the "New-Jersey Medical Reporter" of January:

"SCHEIDAM SCHNAPPS. There is an article going the rounds now-a-days, named as above, that is attracting a good deal of notice; and lest we should be considered 'out of time,' if we did not call attention to it, we offer our friends the following suggestions. It seems to be a remarkable discovery that one Wolfe has made, in these times of Maine Law effort, and progress, even a pleasant alcoholic liquor, that may be used as a beverage without injury, and as a medicine, with wonderful success. It is said not to 'fire the brain,' or 'fur the tongue,' but being 'satisfying' and healthful,' preserves the consumer from 'that fierce desire for stimulants, begotten and perpetuated by the use of adulterated spirits.' And it is not only offered as a 'specific' in many painful diseases, but it is said of it, that '*whenever and wherever it is requisite to administer spirituous liquors for any purpose, this is the liquor that should be administered.*' Wonderful discovery!—Immortal discoverer! But with this new born empiric, and his notable cure-all, and health preserver, we are not a little surprised to find associated, the names of a number of physicians. Before us is a pamphlet, setting forth the proofs and evidences of the purity and 'medical properties' of this *innocent alcoholic beverage, and specific for disease,* and a number of pages are devoted to what are called certificates of physicians approving its use; but upon examining these credentials, we find but few of them that are really recommendatory. These medical gentlemen have either been supplied with the 'Schnapps,' or asked by note or circular to accept of it, and they have replied as in the following extracts, which are selected for their brevity, though given in full, as they appear in the pamphlet.

'I am aware of the medicinal properties of pure Holland Gin.'

'If it answers my expectations, I will be happy to prescribe it for my patients, in dropsical and nephritic cases.'

'I would frequently prescribe Gin for my patients, if I knew where I could get that which is fit for medicine."

'That a pure article for medicinal purposes is very much needed, I fully agree with you.'

Such is the character of the *recommendations*, as they are called. There is scarcely an instance mentioned in which it has been used, and its value certified to, and yet these medical gentlemen have allowed themselves unwittingly to be brought before the public, by such a man, who has taken advantage of their civility, in respectfully replying to his applications, as co-workers with himself in the sale of his liquor. Physicians cannot be too careful to avoid these designing persons; for often by them, as Tupper has it—'the light of a thoughtful spirit is quenched beneath the bushel of commerce;' and they rejoice when they can ensnare honest and fair dealing men in the traps their own cunning has set. And then, if the beguiled, finding themselves cheated, expostulate and resist, like the Ephesian silversmith, who made shrines for the goddess Diana, they may turn with scornful laugh, and say triumphantly in the midst of their growing possessions,—'Sirs, ye know that by this craft, we have our wealth.' And truly in this, is the main-spring of their conduct. May we not say to our brethren, in the language of the sainted physician, Luke,—'Take heed, and beware of covetousness.' These empirics are covetousness personified."

GALVANISM:—*Its Application as a Remedial Agent.* *By* C. H. CLEAVELAND, M. D., *pp.* 96.

This is a "hand-book," or compendium of the opinions of a large number of Physicians as to the value of Galvanism as a remedy for many chronic and some acute diseases. Its more direct object is perhaps to introduce to the profession the "Galvanic Supporter," in the manufacture and sale of which its author is interested.

While an acknowledged selfish object may with some detract from the confidence with which they would otherwise read this book, we are inclined to look with favor upon the course pursued by Dr. Cleaveland in introducing to the medical profession what he and others believe to be a valuable apparatus. He intends to confine the instrument entirely to the use of physicians, thus avoiding the speculative charlatanry which has been displayed in the sale of other supporters.

Knowing Dr. C. personally, that he is a high-minded and well educated physician, and that he has the good of the profession at heart, we have confidence in his acts and motives, and would bespeak for him and his instrument the careful consideration of all educated physicians.

As this instrument has been before the profession but a short time, its use is quite limited. Some physicians of our acquaintance have been pleased with its effects and unhesitatingly recommend it.

We have not used it sufficiently to state our results with that definiteness we should wish, but will in some subsequent number report in full the success attending its use in our hands.

The following communication relative to this apparatus was received from a new subscriber, too late for insertion in the usual place, but is perhaps as properly introduced here as elsewhere.

MR. EDITOR:—I wish briefly to call the attention of the profession to "*Seymour's Galvanic Abdominal Supporter*," for uterine diseases; an instrument which has been before the public but a short time, but will I think be found very useful for the relief and frequently the cure of many diseases affecting the reproductive organs in females, such as Lencorrhœa, Dysmenorrhœa, &c., which are always so troublesome, and in many cases entirely baffle the usual treatment prescribed by our best physicians.

When my attention was first called to this instrument, my prejudices were decidedly against the use of mechanical applications in the cases above mentioned; when I say *mechanical*, I mean that *alone*, as I have made use of various Abdominal and Spino-Abdominal Supporters, with, to say the least, very equivocal benefit. But on investigating the agency which is brought to bear in combination with the mechanical support of this instrument, I was induced to make trial of it in several cases I then had under treatment, and I must say with signally beneficial results to my patients.

One case may be mentioned. Mrs. D., aged 40, had been afflicted for the last 6 years with Leucorrhœa of an inveterate character, a large portion of the time being unable to attend to her household duties. Her case had been treated by a multiplicity of physicians, both regular and irregular, without any permanent relief, but gradually getting worse. I advised her to try one of these instruments, which was immediately applied, and after wearing it two weeks she was much relieved, and at the end of two months was nearly well of her difficulty, and now, four months since, entirely cured. She has fleshed up and looks as well as the healthiest woman in the neighborhood. I should mention that with the exception of an occasional astringent vaginal injection, no other means were used, if we except rest and quiet on her part.

I have used them in several other cases, and in nearly every instance with marked benefit to the patient. My object in this communication is to induce the profession to make trial of this (to my mind) valuable instrument, as almost all practitioners have more or less of these troublesome and vexatious cases to treat, and too often leaves his patient in as bad if not worse condition than he finds her. If Seymour's Supporter has merit, let it be known; if not, throw it aside; either can only be known by testing in a sufficiently large number of cases. Truly yours, C. K. K.

This book can be obtained by remitting 25 cents to "H. Seymour & Co., Seneca Falls, Seneca Co., N. Y.

Dr. Cleaveland is engaged in investigations and experiments in relation to the therapeutic value of Galvanism as applicable to any part of the system, and for any diseases. Any facts or the results of any experiments in this direction will be gladly received if directed to Dr. C., care of Seymour & Co., as above.

"AMERICAN MEDICAL MONTHLY." This is the title of a new medical journal, the first number of which was issued Jan. 1st, from the press of Geo. P. Putnam & Co., N. Y. It is conducted by the Faculty of the New-York Medical College, and edited by EDWARD H. PARKER, M. D., late editor of this journal. This first number looks well, and is filled with valuable matter. We congratulate our friend Parker on the favorable circumstances under which he again appears in the field of medical literature, and prophecy for him an abundant success. The "Monthly" is to contain 80 or more pages, and will be furnished at three dollars a year. As it will be national in its character, we can recommend it to our readers as well worthy their attention.

MEDICAL SCHOOL OF MAINE. The medical lectures will commence at this institution on the 15th day of February. Although not among the *noisy* schools, this has always maintained a good reputation, by having efficient teachers, in which respect it is behind no school in this country.

☞ TO READERS AND CORRESPONDENTS. All communications concerning the Journal, of whatever character, should be addressed to the editor.

Books for notice, and other articles of bulk, may be sent by express to the "Care of G. P. LYON, Concord." Communications, remittances, &c., by *mail*, will be best directed to the editor, at East-Washington.

Professor P.'s article on "Table Tipping" will appear in our next, as will the communications of Dr. F. They were all received too late for this number.

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MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES at Bowdoin College will commence on WEDNESDAY, the 15th day of February, 1854.

Theory and Practice of Medicine, by WILLIAM SWEETSER, M. D.
Anatomy and Surgery, by EDMUND R. PEASLEE, M. D.
Obstetrics and Diseases of Women and Children, by AMOS NOURSE, M.D.
Materia Medica and Therapeutics, by CHARLES A. LEE, M. D.
Chemistry and Pharmacy, by PARKER CLEAVELAND, M. D.
Medical Jurisprudence, by Hon. JOHN S. TENNEY, LL. D.

The Library, containing about 3450 vols. principally modern works, and the Anatomical Cabinet, are annually increasing.

The amount of fees for the Lectures is $50, payable in advance. Graduation fee, including Diploma, $18. The Lectures continue 14 weeks. Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of College in August.

P. CLEAVELAND, Secretary.

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January 2, 1854

THE

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[For the N. H. Journal of Medicine.]

"TABLE TIPPING."

Mr. Editor:—Perhaps the readers of the Journal may like to know something more than the newspapers contain, respecting the "table turning" and "tipping," in regard to which so many in this great city are just now getting crazy. If so, the following results of two hours' observation and experimentation in this department of humbuggery may not prove uninteresting.

It has been demonstrated by Prof. Faraday, of London, that "table turning," and "table sliding," and other forms of locomotion performed by this useful article of household arrangements, is produced by the muscular efforts of those whose hands are applied to the table. It is nevertheless conceded that this is often, and *may*, in every case, be an *involuntary* effort; and therefore the performers themselves may be entirely unconscious of it, and consequently may sincerely (though falsely) deny that any such effort is made. Physiologists are perfectly familiar with a large class of analogous facts; but I at this time speak particularly of another phase of so-called spiritual manifestations—"table tipping"—a thing very different both in its objects and its mechanism from the movements just mentioned.

At the solicitation of a friend who had recently obtained some rather striking spiritual communications, and who would like some assistance in detecting the imposition, I was recently induced to devote a session of about two hours to this matter,—and the following are some of the particulars observed during the same.

On entering the room, at 8, P. M., nine persons were found sitting around a black walnut table, about four feet long by two and a half wide, each having the palm of one hand in contact with the table. The operator also, (otherwise called the *medium,*) was sitting with both palms upon its upper surface. Four or five other persons were also standing or sitting near the table. As we entered, (three of us,) we sat for a time at some distance from the table, and observed in silence. The operator was a pale, slender man, of perhaps 38 years, with a cool and subdued expression, but not wanting in quickness and intelligence, as his glance at each person on entering indicated. It is perhaps enough to say of the company present, that the individuals, with two or three exceptions, did not appear to me to belong to the class of people *difficult to be humbugged.* To these exceptions I shall again allude. There was but a single female present, and she was not yet in the "circle," —i. e. not of those around the table, with palms thereon.

I had barely time to make these observations before, in reply to a question put by one in the circle, the table rose on one side about three inches, and fell back again immediately. This was repeated three times, and interpreted to mean "yes." A single movement means "no," and two rappings or "tippings," "not yet," or "doubtful." You may get an idea of the rapidity of the succession of the tipping, when I say that usually they corresponded to my own pulse, and which I found to be 65 per minute. This, by the way, may perhaps indicate that I "kept cool" enough to be able to see and interpret phenomena as they actually occurred. A succession of numerous tips at any time, indicated, I should add, that the spirit wished to spell out something to the medium, or operator, as he called over the letters of the alphabet. The table would at times rise higher, and then of course the raps by the legs on the carpet would be both slower and louder.

The operator was also a "writing medium," so called. That is, he would now and then be apparently seized with violent contractions of the deltoid and other muscles above the elbow, which passed gradually down to the wrist and hand,—when he would seize a pencil, and after sundry vain attempts to bring it to the paper, would at last succeed in writing a scrawl which *nobody but himself could read;* and whenever *proper names* occurred even, he generally could not be certain what they were, without some help from the person in the circle for whom he was operating. This was an observation to which I attached some importance.

Several questions had been asked by those in the circle, but unfortunately they were all unsatisfactory for the first half hour. At this moment a well dressed lady entered, with a bold and peculiar air, and took her seat in the circle. She, however, could get no satisfactory answers, and at last my friend also entered the ring.

He was assured at once, in reply to a question, that the spirit of his father would communicate with him; but he in his turn failed to get any thing more.

He then inquired of the said spirit, "What is the cause of all this confusion at this time?" The table at once began to call for the alphabet in the most energetic manner, and spelt off the following reply: "My dear son, I cannot penetrate this the scepticism of the professor!!" My friend, being somewhat amused, involuntarily cast a glance at me, and instantly all eyes were turned upon me as the offending and the offensive one. I expected the next moment the spirit—I meant to say the *table*—would command me to leave the room. I resolved, however, to wait for a positive request to leave, and waited for some thing a little more definite to turn up. Having been subjected to the impudent stares of the circle, and especially of the *woman* before alluded to, by subsequent false answers, it was at last proposed that the spirit should indicate who it was that was so objectionable. I thought it very likely that by this time the table would decide that I was the unlucky "sceptical professor" meant.

But no such thing!! One after another in the circle asked, "Is it I?" and got a negative reply, till the turn came to one of the shrewd-looking men before mentioned, who was told he was the man. My friend then inquired—"Is there any other person here present, to whom your former terms will apply?" and was answered "No."

The woman and the rest now looked a broadside of impudent indignation at the person just alluded to, when he said he was a sceptic, though he did *not* say he was a "Professor;" and very soon he left both the table and the room.

The table having decided that I was *not* the "sceptical professor," I now took my seat in the ring, and was told that a spirit was ready to communicate with me.

"Will the spirit spell its name?"

"Parkman."

"What is your first name?"

"My friend, I am the spirit of William."

"Have you ever been acquainted with me?"

"Yes."

"In what place?"

"St. Petersburg."

Here I may remark that I never knew a person of the name of Wm. Parkman; and when I asked my last question, the operator suggested I should write the names of "several places *where I had been*, as Philadelphia, New-York, &c." I did write one or two of these, and several names of places where I had *never* been. The table selected St. Petersburg,—one of the latter places.

All this having been said at the time in answer to rather anxious inquiries by those in the circle, and by the operator, I then got the following *modified* response.

"I knew you by reputation." (Regarding this as very flattering and complimentary on the part of Mr. Parkman,) I then inquired:

"Did you also know me personally?"

"Yes."

"How long since?"

"Between three and four years."

"Where are you located now?"

"I am in a state that you can have more knowledge of if you study nature's laws and comprehend."

"Where did you live?"

"In Boston."

"Can you tell me the street?"

"No."

All these answers were given very promptly by Mr. Parkman, and without any complaint of scepticism, or any thing wrong on my part, or any where else. Not, however, attahing any very high value to his communications, I next inquired:

"Will the spirit of my mother communicate with me?"

"Yes."

"Please give me your name, that I may be assured there is no mistake."

"Mary."

The operator suggested that I should write several names, my mother's among the rest, on slips of paper, roll them up, and lying them upon the table, let the spirit select the actual name when I took it up from the table.

I did so; and the table having indicated the paper on which was my mother's name, I then requested that the name on the paper be also *spelt* before I opened it.

The table spelt "Mary."

I opened the paper, and the name thereon was "Lucy."

My mother's name is "Abby."

It was suggested that this be tried again, and it was so. The table again spelt "Mary," and on opening the paper it read "Sarah."

The operator did not at all understand this. Another shrewd-looking fellow, however, who had been very prompt and useful during the whole performance in helping the spirits out of hard spots, suggested that "as L is next M in the alphabet, the operator might have made a mistake, saying M when it should have been L." This was thought, however, a not very weighty reason for mistaking the whole word Mary for Lucy; nor of selecting either of them for Abby, the name of my mother.

The operator now inquired whether my mother were not living? "You should have asked her spirit that question, but not me, as that ought to have been known by her all the time. But I will ask—'Is my mother still living?'"

"Yes."

"Is she in good health?"

"Yes."

Now, it will be seen that every thing which can be regarded as a test, signally failed in all these trials. The only answer I had reason to believe to be correct, was that my mother is still living. Every body will, however, see that the chances are *equal* of giving a correct answer to both of the last questions; since she must have been either living or *not* living, well or unwell. I have reason to believe she is not in good health at this time; but have not thought it of sufficient importance, so far as completing this report is concerned, to inquire by mail whether she is so or not.

An interesting question, however, occurs here. This was the spirit, it was averred, of my mother; and which conversed with me a while, and then stated that she is now living and in good health. She resides about 250 miles distant from this city, and the supposed conversation occurred between 4½ and 5 o'clock, P. M. Did her spirit entirely leave the body for one half hour at that time? If so, her friends around her would probably have noticed some very striking change at that time. Or did only a part of it come to New-York, and getting under that table, lift it to assure me that her name is Lucy, and Sarah,—and that it is *spelt* "Mary?" I must assert, in the first place, that she is altogether too dignified a lady to engage in such pranks, and at her time of life; and, moreover, that if she *did* do it with a *part* of the spirit, (the rest remaining connected with the body,) she must herself have been conscious at the time what she was doing in New-York. In the absence of all proof on this point, as I have not time to hear from her and report herewith, let each one adopt the horn of this dilemma which he prefers, or consider the whole matter a humbug.

Nothing more satisfactory than what I have detailed was obtained by any of the circle during the session of two hours. The operator remarked that the "circle seemed to be entirely out of gear this afternoon;" and, as I could distinctly hear a friction sound (as from the motion of a cord over a pulley,) before each movement of the table—I thought the remark literally correct. I would recommend a freer use of sweet oil before the sessions commence in future.

My last remark implies that the table tipping is produced by a *mechanical force*. I cannot say here the force was applied in this case, as I had no opportunities for investigating this point. I do not, however, hesitate to say, that any shrewd man, possessing a moderate acquaintance with mechanics and the application of galvanism, might, with the aid of a well dressed impudent woman, and three or four smart rascals as "Peter Funks," get up a series of spiritual communications vastly more pointed, intellectual and satisfactory than this.

Some honest people, and others not so, demand that we shall adopt a proposition, unless we can *prove* it is *untrue;* and here we are asked if it is not the fact that *spirits* move the table, how do you account for it?—as if it followed that, if we cannot show that something else in *particular* moves the table, then of course spirits do it. In other words, you may *assume* that any particular power you please to name, moves the table; and if I can show that some other force which I may name, moves it, then it follows that you of course are right, and all others wrong. How philosophical this! A man dies suddenly with symptoms of poisoning. You assume that he was poisoned by strychnia; and if I cannot show that it was arsenic that destroyed him, then it follows that you are right, of course!!—he was poisoned by strychnia, and there is no more to be said!! Indeed? And yet, on opening his stomach the arsenic may be found,—or a third substance neither of us had thought of—to account for his death.

This has always been the logic, however, of the believers in spiritual manifestations, and sceptics have often foolishly assented to it. Sceptics have, therefore, a right to the use of the same principle in their turn by this time, if it is still insisted on; and then the ground stands thus:

"I assume that the table is moved by some application of mechanical force; and unless any body who thinks differently can prove that it is a spiritual force which produced the tippings, I am right in my assumption, and he is wrong."

But it is useless to expect philosophy or logic from those who are led astray by these developments. They will go to Signor Blitz, and see tables move, and believe *him* when he tells them it is all jugglery; they will then go to a medium, and see similar movings or tippings, and also believe him when he asserts that it is all *spiritual* influence!! Signor Blitz, however, does a great many more equally unaccountable things, and gives to spiritual rappings of any kind only a small share of attention, and the credulous looker on does not get his imagination particularly excited in this matter. The medium, on the other hand, attends to spiritual manifestations alone; sits down coolly to the business, takes time, looks solemn, and thus the dupe's reasoning powers are overcome, if naturally much developed, by his excited imagination and feelings.

It is therefore useless to attempt to *reason* one out of his belief in these spiritual manifestations, in the various phases now in vogue. The explanation is, that no one was ever *reasoned into* this belief. I am happy to say, however, that not a single medical man has yet become a dupe to such delusions; and consider it our duty, as a profession, to warn others against this form of humbuggery, which, without any good results, has already driven hundreds to the insane asylums of this country.

Yours truly, E. R. P.

New-York, Jan. 7th, 1854.

[For the N. H. Journal of Medicine.]

POLYPUS AT THE NECK OF THE UTERUS.

BY JOHN S. FERNALD, M. D.

MRS. B., of good health and strong constitution,—mother of a large family,—married at 16,—now 30, has had invariably speedy labors; was taken with parturient pains in the evening. She immediately called in an ignorant mid-wife, who continued with her all night. In the morning I was requested to see her, and arrived about six o'clock; was informed that she commenced flooding the preceding evening, which had continued all night. The pains had been regular as to intervals, but of very little efficacy. An examination found the os uteri somewhat dilated; the flooding free and unremitting; the presentation could not be satisfactorily ascertained. From the anterior lip of the os uteri there depended a substance about half an inch in thickness, and one and a half inches in width, attached by a neck three inches in length. The whole anterior lip was of a hardness approaching schirrosity. With every pain, this substance would present at the os externum. By the frequent exhibition of acet. plumbi and opii, the use of the tampon, with cold applications to the abdomen, the hæmorrhage was somewhat controlled. The rigid state of the os uteri, (and that from disease,) forbade the introduction of the hand to turn; the only alternative was to wait, which I did with great impatience and no little apprehension.

After six hours, the head presented and occupied the cervix, distending the os uteri,—the induration semi-circling the head like a firm band, with no apparent disposition to relax. The pains becoming very strong and expulsive, serious fears were entertained that rupture of the uterus would ensue. When the head occupied the neck and mouth of the uterus, the hæmorrhage completely subsided. As soon as the circumstances would admit, the forceps were applied. After an hour's exertion, with the assistance of the pains, which continued unabated, I had the satisfaction of terminating the labor. The child was still-born. The placenta was discharged without any material aid.

Metrites ensued, although every precaution was taken to prevent; it yielded, however, readily to treatment. The excessive loss of blood during labor forbade active depletory measures; but opium, cal. tart. antimon., with local applications, proved successful. Among the latter I would mention the "Tansy Pancake," of Dewees.

The polypus sloughed during this time and was lost in the discharges, (as the sequel will show.) The patient's recovery was perfect.

Two years subsequently, Mrs. B. was again *enciente*. I apprehended that if the schirrosity of the os uteri had increased, or even had not subsided, the worst consequences would ensue at parturition. I was, however, agreeably disappointed. It was disclosed upon examination that the hardness, although not entirely dissipated, was so far reduced that it offered no impediment to the birth of the child. The subject of the above case has since been the mother of three children, and is in firm health. The polypus grew from the cervix uteri; the hardness was undoubtedly from inflammation without malignant degeneration.

ODONTALGIA—ITS PATHOLOGY AND TREATMENT.

A valuable article by J. P. TOGG, M. D., appeared in the *American Journal of Dental Science*, (July, 1853,) under this head, which, in view of its general utility, we are not surprised to see copied entire by some of our medical cotemporaries. Believing an article on this subject needed by the physician as well as dentist, and that the one before us is as appropriate as any to be met with, we present a synopsis of the substance of it—if indeed the substance of a good article of sixteen pages can be condensed in the space of five or six.—We depart from the author's arrangement, in bringing the "Pathology" and "Treatment" of each disease together, regarding it more convenient for reference. His own words are preserved as nearly as possible, but the sign of quotation is employed only when a sentence or passage is given entire. B. W.

To the form of Odontalgia, which is the result of simple exposure and irritation of the dental pulp, may be given the name of *tooth-ache by direct irritation.* It is characterized by quick, darting pain, and by the suddenness of its invasion and subsidence upon the presence or removal of irritants.

Treatment.—Application of narcotics and anæsthetics to deaden sensation: or vehement stimulation of the exposed nerve to exhaust its sensibility, as by the essential oils of cloves, cinnamon, cajeput. Kreosote is both stimulant and anodyne; combined with morphia in a thin paste, it acts well. A thick solution of *gutta percha* in chloroform allays the pain, and forms a coating which shields the nerve for awhile.* Permanent relief is only afforded by extraction of the tooth, or by destruction of the nerve. For the latter, arsenous acid is the most efficient, combined with four parts of morphia to abate the pain. Apply directly to the nerve on a small pellet moistened with kreosote, and covered with a cap [of wax] so as to avoid pressure.* Irritation may run on to

---

* A pledget of cotton, saturated with a solution of gum copal in chloroform, answers a similar purpose. W.

Odontitis, or inflammation of the dental pulp. This begins ordinarily with a dull, gnawing uneasiness, (sometimes accompanied by a sensation of heat,) increasing to a severe throbbing pain, the precursor of suppuration. "Should the inflammation not extend beyond the pulp cavity, the pain is not increased by pressure on the tooth, nor is the tooth started from its socket. The application of cold to the tooth is also followed by temporary relief." The intense pain results from the distension of the capillaries of the pulp from the inflammation, and the unyielding nature of the cavity; the increasing engorgement being attended by increased pain, which is not relieved by suppuration, until the fluid gets exit through the fang, or the pulp becomes disorganized—the pus only increases the pressure on the nerves. Excitement of the heart and arteries is also apt to increase the pain. Like other inflammations, it has exacerbations at night, owing partly to the recumbent posture, and also to the warmth of the head imbedded in pillows. The pain is modified by temperament, and by the condition of the tooth. The *acute* form of inflammation of the pulp "extends to every part of the pulp and lining membrane, and terminates usually in suppuration. It is more common before than after exposure of the pulp." The *chronic* form usually results from exposure of the pulp, and is not so painful as the acute; sometimes there is little or even no pain.

The *Treatment* will be, to extract the tooth, to destroy the nerve, or to subdue the inflammation by antiphlogistics—to be determined by the amount of pain, progress of inflammation, condition of the surrounding parts, value of the tooth, &c. If the inflammation has proceeded too far for arrest, or the lining membrane become exposed, and the object is to preserve the tooth, the nerve should at once be destroyed. "If the tooth is not eroded, or if the inflammation is not caused by the direct application of irritants to the exposed pulp, the antiphlogistic treatment may succeed"—leeches to the gums, saline cathartics, and rigid abstinence. When suppuration has occurred—indicated by the tooth appearing longer than the rest, loose, and very sore—the tooth may by drilled (as recommended by Dr. Hullihen) to evacuate the pus.

Peridontitis, or inflammation of the investing membrane of the tooth, is closely allied to the preceding, and may be produced by the same causes. But it is more likely to be metastatic. The pain is first dull, then acute and throbbing. There is soreness and elongation of the tooth, redness and swelling of the gums, and sometimes of the cheek. "In both these forms of odontalgia we may have all the accompaniments of inflammation, such as constipation, headache, dry skin, flushed cheeks, full and rapid pulse; in short inflammatory fever." The *treatment* is very much the same in both.

Fungus of the nerve is a growth in the nerve cavity in which the nerve has suppurated, and probably originates from a remnant of the dental blood vessels. It is of a deep red color, soft, bleeds readily and freely, sometimes insensible, at others highly sensitive. It may be small and deep in the fang, but generally protrudes, filling up the cavity formed by caries.--(Hullihen.)—It must be destroyed by the actual cautery. By bleeding it freely, the pain may be relieved.

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* We generally prefer one part arsenic to two of morphia, using about the 20th of a grain of the compound, and letting it remain in the cavity six or eight hours—re-applying the powder, if necessary. W.

Odontalgia may also proceed from exostosis. Remedy, extraction.

More general causes of *Odontalgia.* Intermediate between the foregoing and the causes now to be considered, is a nervous condition, in which the general sensibility is so exalted that slight causes induce severe pain.

Neuralgic tooth-ache may proceed from any affection capable of producing neuralgia elsewhere. Among the intrinsic affections may be mentioned *neuritis*, or inflammation of the nerve or its neurilemma; engorgement of the vessels of the nerve; venous congestion. Any pressure of the nerve along its course, as from exostosis, aneurism, tumor or foreign body, may produce neuralgic tooth ache. The teeth are often implicated in attacks of facial neuralgia or *tic douloureux*, which may depend upon similar causes. In a case of this disease, the Gasserian ganglion was fibro-cartilaginous, and as large as a nutmeg. Or the disease may depend upon disorder of the encephalon, affecting the fifth nerve at its origin.

This general neuralgia of the face may result from the irritation of a diseased tooth—by *radiation*, or "that power of the nervous centres by which they disperse an impression made at one point over a wide circuit," or by *transference*, by which an impression at one point is felt at a remote one. Thus irritation of a ramuscule of the inferior dental nerve may arouse central disturbance, and be *radiated* over the whole face and head; and, (illustative of the law of transference,) in a case of Mr. Lawrence, "neuralgia of the *thumb* was caused by the pressure of a *pivot tooth on the nerve of an old fang.*"

The teeth may also suffer those strange wandering pains which characterize the masked intermittents of malarious districts. Universal *malaise* generally accompanies the disturbance. "As the disease advances, the periodic element gradually retires, and the neuralgic becomes unduly prominent."

The pain of neuralgic tooth-ache is usually acute, sometimes mild at first, gradual in its increase and decline, usually irregular, (moderate, slow, or darting through the dental arches,) sometimes regularly intermittent. When it occurs in sound teeth it is paroxysmal, is attended with little or no swelling, and occupies a considerable portion of the jaw, "and especially when it alternates or is associated with pain of the same character in other parts of the face, there can be little doubt as to its real nature." (*Wood, Practice of Medicine.*)

The *Treatment* will vary according to the cause. If the disease depend upon exaltation of general sensibility, nervous or vascular derangement, disturbance of the nervous centres, malarious poisoning, etc., it must be combatted *by general treatment* adapted to the condition of the case. In obstinate cases of local neuralgia, M. Roux recommends, if the inferior nerve be involved, trephining the lower jaw so as to reach the nerve: he then severs it and passes a stick of potassa fusa up and down the canal, so as completely to destroy it. For the superior nerve, an incision is made upon the cheek, and the caustic introduced as deeply as possible along the infra-orbital canal. Local sources of the disease, as pressure on the nerve from tumors, irritation from diseased teeth, &c., must be looked for and the cause removed.

Sympathetic tooth-ache.—"The nervous connections of the teeth are so numerous and so extensive, that we need not be surprised at the wide range of their sympathies. The fifth nerve, supplying the whole face and all the organs of the senses, brings them in relation with the entire head. But besides this, they have special connections with many of the more important organs of the head. Meckel's ganglion and its branches, forming a sort of sympathetic centre for the entire head, is directly connected with the superior maxillary nerve, just as it is about passing into the infra-orbital canal for the supply of the upper teeth. With the ear they are still more intimately connected through the otic ganglion, which rests upon the inferior maxillary nerve, at its exit from the foramen ovale. This union will explain the extreme frequency of ear-ache in children at the period of second dentition, and the tooth-ache which sometimes attends it. The same ganglion, by means of the tympanic plexus which is so directly connected with it, brings them in relation with the glosso-pharyngeal and the pneumo-gastric nerves, and so establishes a sympathy between these organs and the whole upper portion of the alimentary canal, and with the lungs. Through the sympathetic system these connections are indefinitely extended. With the spinal cord they have not only the union, through the origin of the fifth nerve, with the spinal bulb, but also through the numerous filaments of the sympathetic which are connected with the spinal nerves. Thus we find that, through this intricate web of sensory filaments, the teeth are directly or indirectly united with every organ in the system.

"During certain cenditions of the system, therefore, it is not surprising that these sympathies should be roused to undue activity. Many diseases have the power of inordinately exciting nerves remote from the organ affected. The various disturbances of the alimentary canal are remarkable for this peculiarity. The anatomical connection between the stomach and bowels, and the teeth, already glanced at, sufficiently prepares us to expect tooth-ache as an occasional accompaniment of disorder of the apparatus of alimentation.

"*Pregnancy* is another state which is very liable to excite sympathetic tooth-ache. This is indeed but a part of those numerous remote disturbances which are caused by the peculiar condition of the uterus at this interesting period. All the organs of the abdomen are involved in that intricate net of nervous filaments which are ultimately distributed to the uterus. The two great cords of the sympathetic which descend from the solar plexus and semilunar ganglion, on both sides of the aorta, first unite over that vessel in a plexus which weaves into itself all the various threads of which these cords and the stray fibres which surround them are composed. Having thus knit up the life of the whole abdomen in one intricate interlacement of fibrillæ, the nervous mass then divides into its two hypogastric nerves and their plexuses. These proceed directly to the ganglia of the uterus, sending off great numbers of nervous twigs to all the neighboring organs, and wrapping all the pelvic viscera in their labyrinthine threads. In this manner is the great organ of reproduction brought into relation with the entire frame. During pregnancy, as has been clearly demonstrated by Dr. Lee, the nervous system undergoes the same change to which all the other structures of this organ are subjected. They increase in size, and this increase extends even to the cords which descend from the semilunar ganglia. There are, therefore, both anatomical and physiological reasons for the extensive range of sympathies possessed by the pregnant uterus. The close contact of the semilunar ganglion with the stomach, and the relations between that organ and the teeth, explain how these may be involved."

These forms of odontalgia require constitutional treatment, which must be left to the judgment of the practitioner in each individual case.

Rheumatism and *Gout* may also affect the teeth.—Of the latter, an interesting case is recorded by Dr. Harris in his Principles and Practice of Dental Surgery.—The treatment must be directed towards the general disease.—*Southern Journal of Medical and Physical Science.*

CONTRIBUTIONS TO PHARMACY.

By JOHN P. METAUER, M. D., LL. D., *of Virginia, Professor of the Principles and Practice of Medicine and Surgery in the Medical Department of Randolph Macon College.*

It will not be denied that the operation of therapeutical agents is essentially influenced by the mode by which they are prepared.

This fact, so generally true, is particularly exemplified in the preparations of cinchona, cantharides, colchicum, guiacum, and several other medicinal substances, of which I shall speak presently.

For more than twenty-five years my attention has been particularly directed to this subject, and, during this period, I have adopted several new methods of preparing some of the articles of the materia medica, and have satisfied myself, by repeated practical trials, that these preparations possessed superior efficacy to those generally employed.

Many years ago I prepared an acetous infusion of cantharides,* for blistering purposes. This infusion was first designed for vesicating the scalps of infants, without removing the hair; and its action was very satisfactory. It was applied simply by wetting the surface of the head, and the hair nearest its roots, and then carefully covering the parts with a cabbage leaf, or oiled silk, to prevent the too sudden evaporation of the blistering fluid. When other parts of the body were to be blistered, a thin compress of bibulous paper, or cloth saturated with the infusion, was applied to them, and carefully covered with oiled silk. To insure speedy and effective vesication, I usually reäpplied the tincture two or three times, after intervals of half an hour. I found this agent equally as efficient and certain in its action with adults as with infants. It rendered the removal of the hair unnecessary, as it blistered every part of the surface, even when a very thick head of hair existed. This preparation has been used by many of my medical friends, and with entire satisfaction. Within the last ten years I was induced to prepare an œthereous solution of cantharides[*] as a vesicant, and have found it far more prompt and certain in its operation than the acetous infusion. It may be applied in the same manner as the latter. Frequently, merely wetting the skin with the solution, without covering the part, will blister; especially in infants. When adults are to be blistered, the preparation should generally be applied with a thin compress, and carefully covered, as already suggested—moistening the compress from time to time, until the skin is decidedly reddened. I have found this by far the most convenient and reliable means of blistering that I have ever employed. This œthereal tincture of cantharides is also an efficient internal remedy. As an emmenagogue and diuretic, it has greatly exceeded my expectation. The œthereous menstruum seems not only to promote the operation of the cantharidin upon the genito-urinary organs, but at the same time to guard against strangury. I now use this preparation of cantharides almost exclusively, both externally and internally, when the lytta is indicated, and have done so for seven or eight years.

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*R. Canth. contus., 2½ oz.; Acid acet., 2 pts. Digest for 14 days, and filter.

The remarkable efficacy of the œthereous preparation of the Spanish Fly induced me, five years ago, to employ spirits of nitric œther as a menstruum for cubebs, colchicum, guiacum, squill, ergot, gossypium, sanguinaria, ipecacuanha, digitalis, nux vomica, and some other articles of less importance. The œthereous tincture of cubebs[†] is a most valuable remedy in all the sub-acute inflammations of the bladder, of the urethra, of the uterine cavity, and of the mucous lining of the stomach and intestines. It should be administered in some mucilaginous vehicle.

The tincture of colchicum[‡] is applicable to the treatment of all of the cases demanding the use of the colchicum, and is decidedly preferable to the vinous seminal tincture now in use, by reason of its tendency to act on the urinary system. It is very well adapted to the treatment of sub-acute rheumatism, gout, œdema, and neuralgic rheumatism, especially if the urinary secretion is materially diminished in quantity. In the bloating occasionally connected with the dysmenorrhœa, a combination of this tincture with the œthereous tincture of cantharides, sanguinaria and gum guiacum, will be found a most valuable remedy. It should be taken three or four times daily, in an infusion of pine tops, in doses of ten to twenty drops each. The same combination will also be found valuable in the sub-acute stage of gout and rheumatism.

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[*] ℞. Canth. contus., 3 oz.; Spirit. œth. nitric, 2½ pts. Digest for 8 days, and filter.

[†] ℞. Pip. cubeb. contus., 4 oz.; Spirit œth. nitric, 2 pts. Digest 8 days, and filter.

[‡] ℞. Sem. colchic. contus., 4 oz.; Spirit. œth. nitric, 2 pts. Digest 10 days, and filter.

The œthereous tincture of gum guaicum[*] is superior to the preparations of that article now in general use in the treatment of rheumatism, by reason of its tendency to act on the urinary system; and the same may be said of it as an emmenagogue when there is rheumatic irritation of the uterus as an associate cause of dysmenorrhœa.

The œthereous tincture of squill[†] is adapted to all cases in which squill is indicated, and is an elegant preparation. In dropsy, œdema of the mucus lining of the larynx, and of the lungs, in asthma, and as an expectorant and diuretic, it will be found a most convenient and valuable preparation. A combination of equal parts of this tincture and of the syrup of lobelia inflata, taken three or four times daily, in doses of ʒss. to ʒj. each is the most efficient remedy I have ever used in asthma.

The œthereous tincture of ergot[‡] is best suited to cases of inaction or torpor of the uterus, connected with debility or exhaustion; it may be used either as an emmenagogue or as a parturient. In uterine hæmorrhage, or menorrhagia dependent on debility, or exhaustion of the uterus, it will be found a valuable remedy. Its action upon the uterus is greatly influenced by the œthereous menstrum. It is best to give it in some diuretic vehicle, such as pine tops tea, or flax seed or elm tea; and it may be taken in doses of ʒss. to ʒij., once in four or five hours.

The tincture of gossypium[§] is possessed of properties very similar to that of ergot, and may be employed in like doses with it, and in similar diseases.

The tincture of sanguinaria[¶] is valuable when combined with the tinctures of cantharides, guiacum, colchicum, cubebs, and indeed any other emmenagogue, in the treatment of dysmenorrhœa. It is also a valuable expectorant and diaphoretic in pneumonia, bronchitis, and œdema of the mucous lining of the air passages. It is administered in doses from ʒss. to ʒij., once in three or four hours. This tincture may also be employed alone as a diaphoretic and expectorant.

The œthereous tincture of ipecacuanha[‖] is so closely assimilated to the tincture of the sanguinaria in its therapeutical properties, as to be applicable to the treatment of the same diseases. It is an elegant and most convenient preparation. In typhoid fever it will be found far superior to the ipecac pill as a diaphoretic, especially when the tongue is dry and the thirst urgent. It may be used also in typhus fever, or indeed in any febrile affections during the sub-acute stage. This valuable preparation acts both as a diaphoretic and diuretic in these cases, as well as an expectorant.

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[*] R. Guiac. gum. resin, 4 oz.; Spirit. œth. nitric, 2 pts. Digest 8 days, and decant.

[†] R. Scill. maritim. contus., 4 oz.; Spirit. œth. nitric, 2 pts. Digest 8 days, and filter.

[‡] Ergot. contus., 2 oz.; Spirit. œth. nitric, 1 pt. Digest 10 days, and filter.

[§] R. Gossypii. herbac, 4 z.; Spirit. œth. nitric, 2 pts. Digest for 10 days, and filter.

[¶] R. Sanguinar. canadens. contus, 4 oz.; Spirit. œth. nitric, 2 pts. Digest 8 days, and filter.

[‖] R. Cephæl. ipecac. rad. contus., 2 oz.; Spirit œth. nitric, 2 pts. Digest 8 days, and filter.

The œthereous tincture of digitalis[*] is a far better preparation than the alcoholic, on account of its greater activity; and this it derives chiefly from the œthereous menstruum. In doses from ʒss. to ʒj., in some diuretic infusion, taken three times daily, it will be found well adapted to all such cases as require the foxglove.

The œthereous tincture of nux vomica[†] is especially indicated in the treatment of seminal debility, or, to speak more properly, debility of the generative organs. In this, the gravest of human ills, after such a preliminary treatment as may be demanded for the correction of constipation and prostatic tenderness, this tincture will be found a most excellent means of restoring the erections. It is also valuable in exciting appetite for food, and in the invigoration of the digestive organs. This preparation is well adapted likewise to the treatment of paraplegia, especially when the bladder and rectum are implicated, as well as such other forms of paralysis as demand the nux vomica or its alkaloid. It may be given in doses from ʒss. to ʒiss. three times daily, before or after meals, in some bitter infusion. The cold infusion of wild cherry bark I have generally preferred as the vehicle for it.

The œthereous solutions or tinctures are more readily prepared, requiring to be digested for a less time than the alcoholic, and keep without the least deterioration. They are also adapted to those conditions of the constitution in which alcoholic menstrua would be objectionable.

Hydrargyrum cum creta. This valuable preparation of mercury is usually formed by triturating ℥iij. mercury with ℥v. of prepared chalk, until the globules are extinguished. This is a tedious process, and the resulting powder is not of uniform strength, nor is the mercury completely rubbed down. Indeed, it is questionable whether the powder, when apparently well formed, always contains mercury, as a compound may be readily formed by uniting other coloring substances with chalk, to imitate blue mercurial powder; and I think I have met with such imitations several times. The blue powder that I have procured from the shops has generally disappointed me; and for a number of years I have prepared it myself, according to the following method:

Take one part of pure starch; eight parts of prepared chalk, and sixteen parts of mercury. Reduce the starch to fine powder. The chalk may now be added, and after being well mixed, the mercury can be united. The powder must next be moistened with water, but not to the extent of wetting it; and the whole rubbed until nearly dry, when the mass should be again moistened and rubbed dry. In this manner the process must be repeated from time to time, as may be convenient, until the powder assumes a uniform bluish appearance. After the chalk seems to be saturated with the mercury, rub the mass perfectly dry, and then moisten it sufficiently to make it adhere to the surface of the mortar by pressing with the pestle. By carefully passing the pestle over the adhering mass, so as to render its surface smooth, the superfluous mercury will now escape from it in small globules and fall to the bottom of the mortar, and the separation may be facilitated by striking the bottom of the mortar against the table repeatedly, and by pouring the mercury over the surface of the mass where any globules appear. The mercury may now be removed from the mortar; and as soon as the mass becomes sufficiently dry, the trituration must be renewed and continued until the mass becomes a smooth, dry powder. Prepared according to this method, I have used blue powder in my practice more than twenty-five years, and have uniformly found it far more certain in its operation than that obtained from the shops. I prescribe it in the ordinary doses, or nearly so, and yet I am satisfied it is stronger than that in general use. I invariably direct it to be administered nearly dry, united with brown sugar, and to be mixed in a cup by stirring the powder and sugar together with a straw or the point of a knife. The dose may then be taken into the mouth and swallowed, first with the saliva, and afterwards with a mouthful of water. This powder should never be mixed in a silver spoon, or any other utensil possessing an affinity for mercury, or the powder may be rendered entirely inert; and such an accident once befel a patient of mine, who nearly lost her life before the cause of failure of the medicine in producing its proper effects was discovered.—*Virginia Med. and Surg. Journal.*

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[*] ℞. Digital. purp. fal., 1½ oz.; Spirit. œth. nitric., 2 pts. Digest 10 days, and filter.

[†] ℞. Nucis vomicæ pulv., 2 oz.; Spirit. œth. nitric., 2 pts. Digest 10 days, and filter.

MAMMARY ABSCESS, *treated with Iodide of Potassium.* By J. Y. CARITHERS, of Hendricksville, Ala.

Mrs. S., on the fifth day after being delivered of her second child, complained of pain in her left breast, which suppurated, in spite of the efforts made to prevent it. The abscess was opened and a large quantity of pus discharged; but this gave relief only for a short time, after which other portions of the gland became indurated and proceeded to suppuration, requiring to be punctured. The usual antiphlogistic treatment was tried with only partial relief, when the following treatment was adopted: Three grains of iodide of potassium to be taken in solution morning and night, and to use as a local application the ung. iodini; her diet to consist of nothing but rice. In a few days relief was evident. This treatment was continued for twenty days, when all signs of soreness disappeared. The lady is now suckling her child with no inconvenience, four months having elapsed since the accident.—*Southern Med. and Surg. Journal.*

ON SOME OF THE SIGNS OF INCIPIENT PULMONARY PHTHISIS. By M. Bourdon. It is known with what difficulty the presence of pulmonary tubercles is diagnosticated when the disease is in its incipiency, and how insufficient the stethoscopic signs are. The latter may be wanting when the lungs contain a large quantity of tubercles; they may exist when the lungs contain none: and they may be masked by different sounds. The general symptoms are not a sure means of detecting the disease; a simple catarrh may be attended with very grave symptoms, while a true phthisis may affect the general system very slightly. It is at the commencement of the disease that the diagnosis is most important, because this is the only time that there is a chance of treating it with any success. M. Bourdon has sought to elucidate this obscure point. Attracted for a long time by the frequency of certain symptoms in phthisical patients, he has studied them with care, in order to establish their value as signs. These symptoms are arranged under many heads, according to the organs in which they show themselves: 1. gastric symptoms: 2. hepatic symptoms: 3. thoriac pain. The gastric symptoms are not to be confounded with the morbid phenomena observed in almost all diseases. Those which coincide with the incipiency of phthisis are nauseas, vomiting, epigastric pains, dyspepsia. You must not wait to find these symptoms in every case; nevertheless, they are extremely frequent, since M. Bourdon found them in more than two thirds of his subjects. Some phthisical patients suffer from one of these symptoms; others, on the contrary, have them all combined. Nausea and vomiting are most common; and it is generally after the cough that they exhibit themselves. It must be observed, however, that their frequency or intensity are not at all proportioned to the cough; they occur when the stomach is empty as well as after a repast. Generally the vomiting consists of mucus matter, rarely of bile. Still, while they show themselves with a large number of the tuberculous, they do so in a positive manner with very few. Another very common symptom is the epigastric pain. In the largest number of cases, it is accompanied with nausea and vomiting; nevertheless it occurs alone sometimes. With the largest number of patients it is only manifested upon pressure, or is so slight as not to be noticed by the patient until their attention is attracted to it; in a smaller number of patients it manifests itself spontaneously. Although it shows itself both before and after eating, it is yet most commonly observed after the ingestion of food. Long continued dyspepsia, without nausea or vomiting, is frequently observed. Frequently the gastric symptoms precede the thoracic; but often also they show themselves at the same time or subsequently. Do they imply a lesion of the stomach, is a question which has occupied the author. Sometimes he found the stomach healthy; most frequently it presented some lesion, which was oftenest a papillated state of the mucus membrane. The author thinks the pressure of the tumefied bronchial glands upon the pneumogastric might contribute to the disorders of the stomach.

2. The liver sometimes presents remarkable peculiarities. In half the

patients examined by M. Bourdon there was an increase of volume, frequently attended with pain. The increase of volume seemed to be particularly observable in the right lobe; the consistence of the organ seeming to undergo no change. The changes of sensibility are less frequent than the changes of volume. Spontaneous pains are rare; they only manifest themselves under pressure, or under some sudden and straining movement. In some rare cases this change of sensibility is observed without change of volume. As to the change the liver undergoes, the autopsies prove that in more than half of the cases it is due to fatty degeneration more or less advanced. The bile is generally of greater density and more highly colored.

8. The largest number of phthisical patients suffer from pain between the shoulders and in the sides of the chest: but, besides these spontaneous pains, there are others to which M. Bourdon calls the attention of physicians, and which are only recognized through the medium of percussion. The points where these pains are discovered are numerous, but they are most often seated below the clavicles, and only on the side affected with tubercles. If both sides are affected, the pain is on the side most affected. As to the cause of this pain, M. Bourdon, like M. Beau, is inclined to ascribe it to intercostal neuralgia.

The conclusions drawn by M. Bourdon from his researches are as follows: When prolonged dyspepsia, nauseas, and vomitings are observed, without any assignable cause; when the liver is abnormally developed, without there being hepatitis or disease of the heart; when these phenomena are exhibited independent of any other affection, or in the course of chlorosis, or after measles or typhoid fever; the physician should turn his attention to tuberculosis, examine the patient with great care, and even when there is doubt of the reality of the pulmonary affection, he ought to act as if convinced, or at least he should take his precautions.—(*Archives Generales.*)—*Virginia Med. & Surg. Jour.*

CALOMEL IN DISEASES OF CHILDREN.

A Coversation Meeting of the "Philadelphia County Medical Society," was held in the Hall of the College of Physicians, Fifth street, on the 5th ult., at 7½ o'clock, P. M. Subject for discussion, "The Uses of Calomel in Infantile Diseases."

Dr. JACKSON, of Spruce street, introduced the matter by reading an interesting paper on the subject, which, by request, he had prepared for the occasion. It was evidently the production of a mind accustomed to think, and evinced both judgment and experience; but my recollection will not enable me to do justice either to him or the other members who participated in it. He took a brief, yet general and comprehensive view of infantile diseases, especially those in which he considered the use of calomel as advantageous. In some of the diseases of the brain he believed that its importance could scarce be overrated when given with judgment. It is valuable as a purgative, affording more relief to the oppressed brain than any other, and in small doses, repeated with a view to its action on the general system, it is a powerful remedial agent.

In Scarlatina, although of course he does not recommend it in all cases, he has found it very valuable in many, both in arresting the morbid phenomena, and in eliminating the poison which causes it. In the congestive diseases it cannot be dispensed with, as its action is superior to all others in relieving the congested organs, restoring the lost balance of the circulation, and giving a salutary impulse to the vital powers.

In the inflammatory diseases its importance is well established. It diminishes the superabundant fibrin in the blood, brings about healthy secretions where they are vitiated or suppressed, by an unnatural or torpid condition of the organs, and thus, together with its peculiar action, subdues the inflammation.

In Dysentery it is valuable; he has often given twelve, fifteen or twenty grains to an adult, and repeated it with the happiest effect. In Cholera Infantum we cannot dispense with it. In this disease the brain suffers, and where we undertake to treat it without mercury, and we consider our patient as well, or about becoming convalescent, we may soon be subjected to the mortification of seeing our little patient carried off by cerebral disease. In Hydrocephalus, calomel must be used in large doses, in order to give the patient the best chance of recovery.

Dr. **Beesley** usually combines calomel with, or follows it by another purgative; he does not continue it in children, as he considers it dangerous, requiring care and watchfulness to prevent it from doing injury, &c.

Dr. **Condie** thinks it one of the most innocent articles we have, when properly used; he gives it freely, as a purgative, &c., to his own children, as well as to his patients, without any injurious effects; he often combines it with the hydro-chloride of ammonia. The principal caution which he finds requisite, is to ascertain precisely the cases and conditions which require its use. He gives large doses of calomel in croup, after bleeding or leeching; it should not be continued in scrofula or tubercles. Cold water or ice may be given with calomel, and he does not believe that cold air causes it to produce salivation, or any other of the evil effects which are attributed to it. In Cholera Infantum, it should be given in minute doses, frequently repeated. Disease of the brain is often the result of cholera infantum. There is scarce any of the diseases of children in which the remedy specified may not be given with advantage; but when given, discharges that are produced by it should be stopped.

Dr. **Jewell** gives calomel freely within the year, but would not like to give it within the month. He gives it liberally in croup, in fevers, in cholera infantum, &c., &c.

Drs. Page, Remington, and others, gave their views in full on the subject, but my space will not allow me to give them in extenso, although they were both interesting and appropriate, evincing considerable judgment and experience in the use of calomel in infantile diseases. All who spoke coincided in the opinion that calomel is a valuable, or rather an invaluable remedial agent, in the diseases specified; the principal difference between them was a very slight one indeed: on the caution necessary to be observed in the administration of it: some considered that it required more, particularly when the case rendered its continuance necessary for some time, than others thought requisite. R. F.—*Phila. Med. and Sur. Journal.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, MARCH, 1854.

Small Pox and Vaccination. Nearly every newspaper we take up contains accounts more or less minute of the prevalence of small pox. From these accounts the fact becomes apparent that this loathsome disease prevails as an epidemic throughout a large part of New-England; not confined to large towns and cities but extensively spread through the interior; mostly upon the lines of railroads which offer the most perfect means of conveyance for every species of contagion.

That small pox should prevail as an epidemic at the present time, when the preventive power of vaccination is so well understood by every intelligent person, is a mournful commentary on the imperfection of our sanitary laws as well as the apathy and cupidity of the people generally who neglect to avail themselves of so sure a safeguard against a most disgusting and fatal malady.

We should expect that every one knowing the facts in relation to small pox and vaccination would avail themselves of its preventive power at any loss or expense, but experience proves the reverse to be the case; and even when offered gratuitously they usually neglect or refuse the offered protection.

The present very general prevalence of small pox should induce a general inquiry among medical men whether *they* have done all they might to procure a more general vaccination. Also, whether they can, by a well directed effort, procure the passage of more efficient laws in relation to the same subject.

It is useless to expect the people, even the more intelligent, to take the lead in this matter, and so strong is popular prejudice, among the ignorant, against all sanitory measures that any movement towards the passage of laws tending to promote the general health, must be made with more than ordinary prudence and discretion, or a popular clamor will be raised sufficient to defeat the best devised plans.

As proof positive of the actual practical importance of compulsory vaccination, we append the following facts from the *Medico Chirurgical Review*. They are a small part of the evidence presented to the British Parliament which procured the passage of the present law in relation to compulsory vaccination;—a law imperfect it is true, but infinitely superior to any thing heretofore in operation in the British dominions.

"*Small Pox and Vaccination.* Although we do not propose at present to enter on a critical review of the subject of vaccination, we are unwilling to omit the earliest opportunity of expressing our admiration of this admirable Report. The small pox and vaccination committee of the Epidemilogical Society, consisted of Messrs. Grainger, Marson, Hunt, Waller A. Lewis, Kestevew, Aiken and Seaton; the latter gentleman being the honorary secretary. These gentlemen put themselves into communication with the several official bodies, and with numerous private practitioners in this country, and by means of the British ambassadors, with the various institutions on the continent. The result is a most complete account of the prevalence and mortality of small pox in different countries, and of the means taken to guard against it through vaccination. The general result of the investigation is, that the protective influence of vaccination is affirmed, and that the virtual obliteration of small pox is proved to be a matter of easy accomplishment for those who will adopt the means of doing so which Jenner pointed out. These conclusions are deductions from the largest mass of statistical evidence which has ever been brought to bear on the question. The registrar-general's returns, the documents of the Poor-law Board, official statements from Mr. Wilde, for Ireland; from Dr. Stark, for Scotland; and from more than twenty foreign governments, form the staple of the Report. It would be extremely difficult for us to present an abstract of the tables, but the following statement will give their main features:

1. To prove the influence of vaccination in England:

Out of every 1000 deaths in the half-century from 1750 to 1800, there were of small pox, 96.

Out of every 1000 deaths in the half-century from 1800 to 1850, there were of small pox, 35.

Either small pox has become naturally milder, or is treated more successfully, or the mortality from it has been diminished by vaccination. That the last is the true cause, can be proved from independent evidence.

2. To prove the influence of vaccination on the Continent:

In various German States, sufficient evidence can be obtained to show that, before vaccination was used, out of every 1000 deaths, there occurred from small pox 66,5.

After vaccination there occurred 7,26.

3. To prove that in countries where vaccination is most perfectly carried out, small pox is least mortal:

(*a.*) In this country, where vaccination is voluntary, and frequently neglected—

	Deaths from small pox.	Deaths from all causes
London,	16	1000
Birmingham,	16,6	“
Leeds,	17,5	“
England and Wales,	21,9	“
Paisley,	19	“
Edinburg,	19,4	“
Perth,	25	“
Glasgow,	36	“
Dublin,	25,66	“
Galway,	35	“
Limerick,	41	“
Connaught,	60	“
All Ireland,	49	“

(*b.*) In other countries where vaccination is more or less compulsory—

	Deaths from small pox.	Deaths from all causes
Westphalia,	6	1000
Saxony,	8,33	“
Rhenish Provinces,	3,75	“
Pomerania,	5,25	“
Lower Austria,	6	“
Bohemia,	2	“
Lombardy,	2	“
Venice,	2,2	“
Sweden,	2,7	“
Bavaria,	4	“

That the immense difference apparent in these two tables is rightly attributed to vaccination, there can be no question.

The Report enters at some length into the comparative use or neglect of vaccination in various parts of England, and shows, as might be expected, that in many places the majority of the population are altogether unprotected.

These statements lead, of course to the conclusion that the only proper course is to make vaccination compulsory. Whatever may be the defects of Lord Lyttleton's bill in some respects, it is undoubtedly one of the most important measures of the session. We are at a loss to know why it has met with so much opposition. Its defects will be easily amended; and, if they were twenty fold, it must be better to put up with them, rather than delay for another year the benefits of this wise measure."

Hospital Hygiene Illustrated.—*By John H. Griscom, M. D.*—This is part second of the transactions of the New-York Academy of Medicine, and is a *great* book, notwithstanding it contains but twelve pages. It contains some account of the visitation of Typhus or Ship Fever at the New-York Hospital in the winter of 1851–52. The cases of four men who were employed to cleanse and white-wash the wards where the fever had prevailed, (three of whom contracted the disease and two died,) are detailed at some length, to show the virulence of the infectious principle when confined to close rooms with insufficient ventilation.

In contrast with these cases the following letter is introduced to show the effect of *pure air and water* (when plentifully supplied) upon the disease when fully developed. The writer is "a distinguished citizen of New-Jersey, and President of the Board of Trustees of the State Lunatic Asylum."

"Perth Amboy, New-Jersey, *March* 15, 1852.

"Dr. John H. Griscom,

Dear Sir :—Having read your treatise on the "Uses and Abuses of Air," I send you an account of what occurred in this place some years since, and which proves the efficacy of fresh and pure air, not only in preventing, but curing disease.

In the month of August, 1837, a number of ships with emigrant passengers, arrived at Perth Amboy from Liverpool, and other ports, on board of some of which Ship Fever prevailed. There was no hospital, or other accommodations in the town, in which the sick could be placed, and no person could admit them into private dwellings, fearing the infection of the fever. They could not be left on board the ships. An arrangement was made to land the sick passengers, and place them in an open wood, adjacent to a large spring of water, about a mile and a half from the town. Rough shanties, floored with boards, and covered with sails, were erected, and thirty-six patients were taken from on board ship with boats, landed as near to the spring as they could get, and carried in wagons to the encampment, (as it was called,) under the influence of the hot son, in the month of August. Of the thirty-six first named, twelve were insensible, in the last stage of fever, and not expected to live twenty-four hours.

The day after landing there was a heavy rain, and the shanties affording no protection with their "sail" roofs, the sick were found the next morning wet, and their bedding, such as it was, drenched with the rain. It was replaced with such articles as could be collected from the charity of the inhabitants. The number at the encampment was increased by new subjects, to the amount of eighty-two in all.

On board the ship, which was cleansed after landing the passengers, *four* of the crew were taken with Ship Fever, and two of them died. Some of the nurses at the encampment were taken sick, but recovered. Of the whole number of eighty-two passengers removed from the ship, not one died. Pure air, good water, and perhaps the rain (though only the first thirty-six were affected by it,) seem to have effected the cure.

No report has been made of these circumstances, and I send this from my recollection, and the information derived from the physician, Dr. Charles M. Smith, who still resides here, and to whom I refer you.

Very respectfully,
JAMES PARKER."

THE TREATMENT OF VESICO VAGINAL FISTULA. *By* J. MARION SIMS, *of New-York, pp.* 28. This Monograph is a reprint from the "American Journal of Medical Sciences," for Jan. 1852. The author having been forced by ill health to leave his former home at Montgomery, Ala., has established himself at No. 70 Madison Avenue, New-York City, where he has "opened an infirmary for the treatment of the accidents of parturition, such as injuries of the bladder, rectum, perineum, etc."

Doubtless he will receive, as he merits, the support of the profession, as he will have facilities for treating this speciality which cannot be commanded in ordinary private practice.

New-Hampshire physicians need not, however, send their patients to New-York for treatment; as we have at home a surgeon who has had a very gratifying success in treating this class of diseases. We refer to Dr. GEO. W. GARLAND, of Meredith Bridge, who has invented some very ingenious instruments for operations in this region. We have the promise of a Monograph on the subject from him, embracing a report of some of his cases, and a full description of the instruments with proper illustrations, which we hope to publish at an early day.

LETTERS ON SYPHILIS: *Translated from the French of Ph. Ricord. By D. D. Slade: Boston, pp.* 404.

This can hardly be considered either an elementary or systematic treatise, but may rather be regarded in the light of a valuable contribution to our knowledge of this disease. Physicians who are called upon to treat the varied forms of syphilitic disease cannot do better than to read this book. Many of its propositions are new and startling, but are the deliberate opinions of one whose experience gives any views he may advance great weight.

The translator has added a very judicious Analysis of the Letters, and has added some few principles of treatment from from M. Ricord's *Clinical Lectures*, as also the "Formulæ of the 'Hospital Du Midi.'"

VERMONT ASYLUM FOR THE INSANE. We have received the seventeenth annual report of this institution located at Brattleboro'. There were in the Asylum on the first of August last 372 patients. The institution has been prosperous and generally healthy. Small pox appeared during the month of March, but by energetic care was subdued in the course of ten weeks—one only, a female seventy-two years of age, died. No males were affected.

Dr. Rockwell, the Superintendent, pays a merited compliment to the employees of the Asylum who unflinchingly stood their ground during the prevalence of the epidemic. He also says:

"Of those placed in the Asylum within six months from the attack, nearly nine tenths have recovered." What stronger argument can be urged upon those who have the fortune to meet with cases of recent insanity that a prompt removal to the asylum is the most proper course.

INTRODUCTORY LECTURES. We have received the following Introductory Lectures; one delivered at the opening of the winter course of lectures, at the Kentucky Scoool of Medicine, by Prof. H. M. Bullitt, M. D.; that of Prof. Paul F. Eve, M. D., at the Nashville School, and that of Prof Jonathan Knight, M. D., at the Medical Institution of Yale College. We would gladly, did our limits allow, quote largely from these eloquent lectures. They are worthy productions of worthy men. Prof. Bullitt dwells upon the connection which Philosophy, in its broadest sense has with Medicine, showing, to use his own quotation, that

"That very law which moulds a tear,
And bids it trickle from its source:
That law preserves the earth a sphere,
And guides the planets in their course."

Prof. Eve reminds his hearers what *has been* done—the much which remains *to be* done—and the *limited time* allowed any one medical man to contribute his share to the sum of human knowledge which goes to constitue the principles of the science of Medicine; ever remembering in our own case, as in that of our patients,

"That our hearts,
Like muffled drums, are beating
Funeral marches to the grave."

Prof Knight gives a history of the Medical School with which he is, and has been for forty years, connected,—it is the fortune of very few to be spared for such a career of usefulness as has Prof.K., and now clad with years and honor, he is as full of devotion to his profession as in the days of his youth. He describes with a glowing fervor, the sources of gratification afforded in the practice of our profession, and also reminds his hearers, that, "these pleasures however, to be enjoyed, must be won by assiduous, persevering study and labor. They will not flow upon the titular physician, because he may have learnt how to feel the pulse, to examine the tongue, and to administer a cathartic, or an emetic. There must be the careful, diligent study of the pupil, the patient, laborious watchfulness of the practitioner, during his early professional life; the observing eye, the reflecting mind, and the kind and honest heart, to insure such results."

DISEASES OF THE UTERINE SYSTEM AS A CAUSE OF PHYSICAL DEGENERACY, *with general views on their prevention and cure.* By C. D. GRISWOLD, M. D. This is a *popular* work from the pen of the former editor of the Esculapian. Dr. G. has a holy horror of quackery, whether in or out of the profession, and we are glad he has turned his attention to this much abused speciality. His suggestions in relation to prevention are valuable, and cannot fail to do good to all who may read them.

RANKING'S HALF-YEARLY ABSTRACT. *No.* 18, *July to December,* 1853, has come to hand, and is well filled with the cream of the contributions to medical literature for the above named period;—not confined to English periodicals, but embracing articles of real value, selected from American as well as European journals. Price one dollar each number, or two dollars a year.

TULLY'S MATERIA MEDICA. No. 9 has just made its appearance, having been delayed by sickness of the editor and his family. It has so far been well sustained, and it is to be hoped will be completed according to the original design of its venerable author, which will make it one of the most comprehensive works on the subject in the English language.

HYDROPATHIC QUARTERLY REVIEW. *New-York: Published by Fowlers & Wells. Nos.* 1 and 2. As cleanliness is one of the cardinal virtues, and the votaries of hydropathy are of that class who *must* follow some *one idea* to the exclusion of *all* others, we are disposed to welcome this work as a means of doing good by keeping those who would otherwise be swallowing the poisonous drugs of nostrum venders, fully occupied in the use of pure water. For, although now and then one is killed by excessive aqueous medication, the sum of mortality from hydropathy is probably less than from any other form of quackery. This work is beautifully printed, and its mechanical execution highly creditable to its publishers.

As for editors, it is impossible to say on whose shoulders the general responsibility falls. There are articles from several second-rate water doctors, and also from a certain Levi Reuben, who is professor of general and special pathology in the root and herb school at Worcester, Mass.—by which it would seem that there is a fellow-feeling between the washers and the steamers. For ourselves, we cannot see how the exclusive cold drenching of the one class can be harmonized with the lobelia and cayenne of the other, but they doubtless do it through the influence of the *pocket nerve*, which has an important agency in these matters.

Obituary Record. Died, Dec. 1, 1853, at New-Orleans, of Epidemic Cholera, Abner Hester, M. D., the talented editor of the *New-Orleans Medical and Surgical Journal*, aged 40 years. Dr. Hester enjoyed a high reputation as a skillful and experienced practitioner, and a zealous cultivator of our science. His premature death will be a serious loss to the profession.

Died, in New-York, on the 7th of Dec, last, aged 62 years, Thomas G. Mower, M. D., one of the senior surgeons of the United States Army, and a gentleman of varied scientific attainments.

Died, in Paris, on the 2d of October, of diabetes, complicated with albuminuria, M. Argo, Perpetual Secretary of the Academy of Sciences, and Associate Member of the Academy of Medicine, aged 67 years and a half.

Died, in London, on the 25th of Dec. last, James Gilchrist, M. D., Inspector General of the Army Hospitals, and Corresponding Member of the National Academy of Medicine of France.

☞ Carelessness. We have received a dollar from the town of Lebanon, in this State, enclosed in a letter destitute of a signature. If the writer will forward his autograph, it shall be entered on our list, and a receipt for his money forwarded.

The American Medical Association. The seventh annual meeting of the American Medical Association will be held in the city of St. Louis, on Tuesday, May 2d, 1854.

The secretaries of all societies, and all other bodies entitled to representation in the association, are requested to forward to the undersigned, correct lists of their respective delegations *as soon as they may be appointed*,—and it is earnestly desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following are extracts from Art. 2d of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates,—and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the last meeting of the association held in New York, in May, 1853.

E. S. LEMOINE,
One of the Secretaries.

The Medical Press of the United States is respectfully requested to copy the foregoing.

RECOMMENDATION OF THE AMERICAN MEDICAL ASSOCIATION. "*Resolved*, That this Association earnestly recommend to our local Societies in different portions of our country, to appoint committees, whose duty it shall be to record the prevalence of epidemics, or other diseases, and the general state of health in their respective localities, and to transmit said reports to the Committees of this Society on Epidemics, through the State Societies where they exist."

The Medical Press is requested to copy.

CONDENSED SUMMARY.

Blood-letting in Diseases of Children. Dr. S. B. HUNT, in the Buffalo Medical Journal, says:—Blood-letting, which is so largely recommended by authors on diseases of children, is in fact ignored in practice. The phlebotomy of an infant is practically as rare an operation as that for tying the carotid; and while this holds true, we can see but little harm in the instructions of authors to the contrary. The free use of antimony and mercurials is also contra indicated by the delicate organization of children, and their extreme susceptibility to impressions on the primæ viæ.

Puepura Hæmorrhagica. T. P. J. Grantham, Esq., (in the Association Medical Journal,) recommends Gallic Acid as a safe, prompt, pleasant and efficient remedy in this disease. He gives five grains every three hours or oftener, and a few grains of Pill. Rhei. comp. at bed time.

Dr. Hunt, of the Buffalo Medical Journal, has witnessed the good effect of a solution of Gallic Acid in Port wine in a case of purpura.

Asthma Spasmodic. M. Trosseau observes that although the *modus operandi* is difficult of explanation, he has relieved many patients during the paroxysms of asthma, by the old plan of burning in the room paper impregnated with nitre.

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ALL MEDICINES WARRANTED PURE.

January 2, 1854

THE
NEW-HAMPSHIRE
JOURNAL OF MEDICINE.

VOL. IV. APRIL, 1854. No. 4.

[For the N. H. Journal of Medicine.]

TREATMENT OF SCARLATINA.

MR. EDITOR:—In your February number I notice an article on Scarlet Fever with the doctrines of which, except in light cases of simple Scalatina, I am by no means prepared to agree. Still I have not leisure at present to go into any extended examination of them or statement of the objections to them, but will just relate a case of the disease that occurred here a week or two since and append a few cursory remarks.

I was called to see a robust man, a seaman, a little past the middle age, lately returned from a long voyage in the Pacific, and who had arrived here from Boston on the previous day on a visit to his friends. He complained of intense headache, a severe sore throat, general depression with pain in the back and limbs, chilliness with a hot and dry skin. The throat he said was dry, with a thick viscid secretion which it hurt him greatly to endeavor to remove by hawking. The complaint had begun on the previous day, before leaving Boston, and had rapidly increased in severity. He said that he had taken a severe cold from exposure in going about in Boston, and had several times before had a similar attack from a like cause. Inspection of the fauces in a rather bad light showed great redness and considerable swelling, but my view of it was not very distinct. An emetic was prescribed which he very unwillingly consented to take, from dread of the pain attending the swallowing of it and its operation. He was assured that its free action would be less painful than he expected, and that the head ache and soreness of the throat would probably be materially relieved by it. He accordingly took ipecac, XX grs., tart. ant. 1½ gr. In the evening he was much more comfortable. His medicine had operated freely both on the stomach and bowels; his headache and other pain nearly gone, swallowing less painful and throat more moist. Had had a good nap in the P. M. A small dose of Dover's powder combined with powder of colchicium root was given at bed time, and he was directed to use occasionally a gargle of diluted vinegar with salt in it, and a little black currant jelly, with mild, delicate drinks. He had a good night, all pain gone in the morning, and throat much less sore. He was told to continue the gargle, &c., to repeat the powder at night, and to take in the course of the day at equal intervals, 3 doses of powdered colchium root, 3 grs., sub. carb. soda, 1 gr. Passed a comfortable day, but had a very restless night, and said that he could not sleep for the intense pricking sensation on the skin. I immediately suspected that his disease was different from what had been supposed, and asked if he had ever had the canker-rash. He said, he believed he had, but was not certain. I now examined the fauces in a strong light, and also the surface of the body. Both were well covered with the peculiar eruption of Scarlatina, though none was apparent on his face. He was ordered to take 6 drops of aq. ammoniæ every 4 hours, and a gentle purgative of epsom salts. The next day the rash was fading, the soreness of the throat entirely gone, and the patient said that he felt perfectly well except a sense of weakness. The ammonia was continued, though less frequently for a day or two longer, and the dose of salts was repeated on the next day. After which, medicine was discontinued, as the patient said he felt as well as ever in his life, except as to a little weakness and a great want of something to eat. He said that the first dose of ammonia greatly releaved the soreness remaining in his throat, and after the third day it was entirely gone.

I cannot say how far your correspondent will be willing to consider this case as *cured*. But it seems pretty clear, if the patient's statements of his own sensations can be relied upon, that he experienced great relief from the action of the powerful medicines that he took; and having seen many somewhat similar cases, I am not disposed when the suffering is so severe, to trust to catnip and sage teas, and a warm bed. Nor do I know that the action of a poison admitted into the body may not be greatly modified and checked by suitable treatment. When leisure serves I may perchance be inclined to discuss the subject more fully. S. W.

[For the N. H. Journal of Medicine.]

THERAPEUTICAL VALUE OF OX GALL.

MR. EDITOR:—In the Journal for January a treatise on the medical virtues of Ox Gall met my eye; I can indorse every idea there advanced, and more; I have been in the frequent use of the article for quite a number of years, as an injection in constipation,—taken in pills in a dried preparation, and in a fluid state to arrest spontaneous emesis. It is an an anti-emetic of much power, and entirely safe. A little anecdote occurs to my mind which took place in this vicinity some twenty years since.

A man of small intellect, and less cultivation, had a receipt for preparing a strengthening plaster, and some other medicated preparations; of course was dubbed *Doctor*; he was a member of the Baptist church, the pastor of which was attacked with spontaneous emesis, which was not promptly arrested; some brother named Dr. Green; *he* had done great things in this way; a messenger was sent eight miles to inquire for his remedy; he had promised never to divulge, but he would go and see the man; arriving, he called for a hen, secludes himself, removes the liver, punctures the gall bladder, takes the bile and gives it to the patient, the vomiting is arrested, and the church *enamored*. They would have conferred on him M. D., had it been in their power. If my memory serves me he was *canonized*.

This article is here much used by the inhabitants in domestic practice, as a specific in most diseases. I recently listened to praises of a butcher touching gall. He recommended that of the hog as being far preferable to any other. I thought there might be some truth in the remark, for it must be admitted, the lords of creation resemble *that* animal more than any other.

In cases of convalescence, where the liver is torpid, the patient does not improve, has no appetite, how many of us have been benefitted, or at least our patients, by a recipe in a book on the liver by Dr. Saunders—consisting of soap, rhubarb, quassia, gin, &c., but gall is far preferable; use this until the liver resumes its healthy function.

I will insert a recipe, for a preparation of gall which I have used many years as a carminative in the griping and flatulence of infants, and to arrest emesis in adults.

℞. Essence of anise, ℥ij., essence of cinnamon ℥ij., mix thoroughly; to the above add ℥iv. ox gall,—mix well by agitation.

One drop of this for an infant in some herb tea (from a drop to a teaspoonful, according to age.)

In order to preserve gall pure, I put in a two quart bottle, O.ss. strong alcohol, carry my bottle to the butcher and request him to fill it. I keep it in the cellar. It will keep good for years.

ARIEL HUNTON.

Hyde Park, Vt., 27th Feb., 1854.

[For the N. H. Journal of Medicine.]

CASE OF IMPACTION OF THE RECTUM.

BY JOHN S. FERNALD, M. D.

I was requested to meet Dr. Waterhouse, (then of this town,) in consultation.

Upon arriving at the patient's house, I was informed by her physician that there had been no evacuation from the bowels for five or six days. The patient, C. S., a female, 20 years old, of good health ordinarily, had been unwell for more than a week, when she called her physician. She had had previous to my visit a cathartic and an enema, without effect, except the latter occasioning excruciating distress. It was then ascertained that the rectum could not evacuate itself,—in consequence I saw her.

I ascertained by examination *per vaginam,* that the rectum was excessively distended with feces. Immediately within the sphincter the finger came in contact with a mass of hard fecal matter. The hollow of the sacrum by distension of the rectum was completely filled. The tone of the bowel suspended from over distension.

I formed an instrument from an iron spoon with a hammer and file in the form of a scoop—rude, it is true, but effective—with which I broke down the mass, and by the agency of a finger in the vagina, carefully pressed it from the rectum. After having removed a large quantity in this manner, an enema was ordered, which removed a still larger quantity. A brisk cathartic followed, which completed the evacuation.

It was ascertained that the patient had been living in a tenement to which a grain mill was attached,—that she had been in the habit of eating dry wheat procured from the mill, and carrying it in her pocket. The sequel was the accident before related.

It is a matter for surprise that such accidents do not oftener occur from the known *penchant* which young females have for slate pencil, chalk, coal, &c. The accident, is, however, comparatively rare. The habit is serious and not without danger.

STRAFFORD DISTRICT MEDICAL MEETING.

The Strafford District New-Hampshire Medical Society held its forty-sixth anniversary at Physician's Hall, in Dover, January 18th, 1854. The meeting was called to order by the President. The records of the last meeting were then read by the Secretary, and the Society proceeded to its regular order of business.

Frank Tuttle, M. D., of Great-Falls, was now elected a member of the Society.

A choice of officers for the ensuing year then took place, and the following gentlemen were elected:

JACOB C. HANSON, M. D., Great-Falls, *President.*
JAMES FARRINGTON, Jr., M. D., Rochester, 1*st Councillor.*
WILLIAM WATERHOUSE, M. D., Barrington, 2*d* "
ALBERT G. FENNER, M. D., Dover, 3*d* "
J. H. SMITH, M. D., Dover, *Treasurer*
J. H. PAUL, M. D., Dover, *Librarian.*
P. A. STACKPOLE, M. D., *Secretary.*
G. W. GARLAND, M. D., Meredith, 1*st Orator.*
T. J. W. PRAY, M. D., Dover, 2*d* "
W. B. REYNOLDS, M. D., Great-Falls, 3*d* "
M. R. WARREN, M. D., Wolfborough, *Auditor.*

Drs. Smith, Bickford, Ham and Garland, were chosen delegates to the American Medical Association, to be held at St. Louis, May 2d, 1854.

Next in order, Dr. Martin was called upon to deliver his oration, to which he responded.

The Dr. prefaced his extemporaneous speech by an apology for not appearing before the Society with a written oration, as contemplated in his appointment. He then threw himself confidently upon their kind indulgence, trusting it would not be construed by any as a want of respectful consideration for the position, or the body from which it emanated, for surely, he considered it the highest compliment to his ability, acquirements and professional standing, coming as it did from an association of learned, practical medical men, established for nearly half a century, and of acknowledged utility; and further, those who have preceded him as orators to this society have made it honorable by their professional standing, talents and productions.

He then proceeded to say, that the object of the appointment of orators to this society was two-fold: first, the cultivation of medical literature, and that oratory which should characterize and give character to every member of a learned profession: and, secondly, the practical good and advancement of its members—the storing in its archives the memorials of the efforts made to this association for the elevation of the fraternity medically and morally, and to increase the power of its members to serve the afflicted, and to guard humanity from the ravages of disease. The first appointment of orator in this society occurred in 1821,—and the late Dr. Jabez Dow was selected, than whom no one could have been better qualified to fulfil the intentions of the appointment. Dr. Dow, to strong native powers of mind, a good preparatory and medical education and an innate love of the profession had, through patient, profound research and observation, added an amount of acquirement, theoretical, scientific and practical, of a broad and most useful character.

His mode of investigation was severely analytical, and his deductions were the result of the application of well established principles, elucidated by comprehensive observation. In the great field of practical medicine and surgery, such powers, and such acquirements, associated with an unfailing aptitude in their speedy application in all emergencies, constitute an invaluable possession to the possessor, and the public with which he is connected. So it was with Dr. Dow's case, for he had a fame and a practice commensurate with his attainments and skill, and the memories of his usefulness and achievements in the healing art, will long be fresh in the public mind, and, I trust, will prove effective incentives to the members of the profession.

In 1822, the late Dr. Jacob Kittredge was appointed. Dr. Kittredge was of medical progenitors, and to good mental endowments—a native proclivity for the profession—activity, resoluteness, endurance and cultivation, added an almost intuitive accuracy in the investigation of disease and propriety of prescription. He was the student of Dr. Dow, and treasured deeply from the clear and copious scientific instruction, and the accumulated practical resources of his preceptor. The instructor and pupil were worthy of each other,—each shared largely in his day of maturity, strength and glory, the confidence of a discriminating public, and the respect and deference of their professional brethren.

The Dr. said he might go on and speak in terms of eulogy as truthful and glowing of most of the catalogue of the annual orators down to the present day, but time would not permit. He then adverted to the formative stage of the society, 1808—the twenty-three pioneers who constituted the first meeting—(they were Drs. Geo. W. Kittredge, William Smith, Moses Colby, David W. Clark, Thomas Linsey, Thomas Shannon, Caleb Morse, Asa Crosby, Benjamin Kelley, Simon Forster, Jabez Dow, Joseph Boyden, Jedediah Chapman, Josiah Lane, Timothy F. Preston, Ichabod Shaw, Samuel Pray, Jeremiah Jewett, Abner Page, John McCrillis, Jonathan Greeley, Samuel Gerrish, Robert Woodbury,)—the reasons which induced them to the effort—the embarrassments and difficulties they encountered in its establishment—the sacrifices of time and money they freely incurred—their love of the profession and their unfaltering aspirations and exertions for its honor and progress,—all of which were presented in terms of glowing eloquence, and illustrated by reading from the records,—and, in conclusion, he thus pathetically alludes to them: "But the melancholy thought invades us, that they have all passed from the active scenes of professional life, and, with three or four exceptions, to that long and changeless home to which we are all hastening. Peace to their names and honor to their memories. Let their *names be treasured* and revered—their fidelity and devotion to professional duty be held in perpetual recollection, and their examples of perseverance and patient research be emulated by every devotee of our noble art.

And when we've served our day,
  And we are numbered with the dead,
May it of us, as them be truly said,
  They acted well their part.

We should love the profession as they loved it—pursue it as unfalteringly and as vigorously as they pursued it, and make progress in proportion to our increased advantages."

He feared the literary and scientific features of the profession were too much neglected by practitioners generally, and the fact too often forgotten, that the best native powers and highest attainments will be unavailing, if not continually cultivated and applied. The field spread out to the votaries of the profession was almost limitless, and he who failed to improve the advantages it presented, was false to himself, the profession and humanity.

Anatomy and Physiology unfold mechanism and vital laws wonderful and inimitable; Pathology exhibits the results of an infraction of the laws of vitality— the wreck and ruin of the physical organization, and the intellectual obscuring or obliteration incident thereto; — Chemistry, Botany and Materia Medica present their treasures of soothing and curative materials;— Therapeutics teaches their applicability, their uses, and Dietetics also, and Surgery unlocks her storehouse of appliances to remedy natural defects and accidental lesions.

The medical practice is one of the highest sciences, and in most countries, is in the hands of the most learned and distinguished men. It presents the sublime and the beautiful in all the paths of natural science, and genius, eminently; as well as cultivates and strengthens all the better impulses of the heart. To soothe the afflicted, relieve the distressed, restore the emaciated and enfeebled when the last hope was about to wing its flight, to calm the perturbed spirit of the departing and bereaved, is a mission purifying and exalting :—one honored and hallowed by the great Physician of body and soul when on his earthly sojourn.

The union formerly of the physician and spiritual guide was beautiful and appropriate. They are kindred callings, and should have a oneness of purpose and action—the amelioration of the earthly condition, and preparation for the supernal state. The good physician must be a moralist and a good Christian. The profession has nothing to fear from foes without, its foes are of its own household; domestic dissensions, personal envyings, and the dishonorable petty strifes of disengenuous and jealous rivalries.

It has a solid basis of facts and science, the accumulation of centuries upon centuries, which have been aggregated by the most gifted and cultivated minds in the civilized world. It has its foes, and so has all good. But impotent will be all the efforts of all the empirics, the assaults of all the pathies and isms of *whatever medical heresy*, if the members of the regular profession only deport themselves in a just and fraternal manner to each other. They must abandon selfishness and cultivate mutual interest; they must uproot jealousy and plant mutual confidence; they must respect and love each other; delight in the fame and prosperity of each other, and extend the fostering hand to each other, especially to the young practitioner; he who has more trials to meet, more difficulties to encounter and more sleepless, anxious nights in prospect than any member of any other calling; and he who would hedge up his way and multiply his perplexities deserves the severe reprobation of all liberal minded persons in the profession or out. Our functions to officiate at the induction of humanity into this breathing world, to observe and protect its progress through it, and to mitigate its exit out of it, are surely important, responsible and big with vital interests.

Physical symmetry, perfection and beauty, health, mental power and happiness, hinge much upon our science, judgment and skill.

On motion of Dr. Fernald, the thanks of the Society was unanimously voted to Dr. Martin for his able, instructive and eloquent speech.

The Annual address of the President, Dr. Hanson, of Great-Falls, upon medical etiquette, was a well written paper, and characterized by that ability, judgment and propriety of sentiment for which he is so justly distinguished.

Dr. Shackford, of Great-Falls, read a paper upon Quackery and its abettors, in which he ran an interesting parallel between Empiricism and scientific enlightened medical practice. The paper evinced research, thought and a just appreciation of scientific attainments, and a well regulated deportment in the members of the profession.

Dr. Moulton, of Ossipee, read a paper descriptive of the objects and doings of the American Medical Association, a session of which he attended at New-York City, in May last, being a delegate from this Society. He gave a minute detail of the whole proceedings of the Convention; embracing the leading characteristics of the prominent members, with the discussions upon the various topics brought before the Association; and a particular allusion to the papers reported from the standing committees.

The report was drawn up with great care, and contained much interesting and useful information.

Dr. Bickford, of Dover, read a paper on the *natural history* of Medicine, illustrating thereby the nature and reality of medicine as a science and as an art—

Anatomy, Physiology and Pathology, the basis upon which this science rests, though for a long time pretty well understood, have within the last few years, through the aid furnished by the microscope and by chemistry, made rapid progress toward perfection, and would compare favorably with any of the natural sciences.

He gave the natural history of several diseases to illustrate the exactness *of our knowledge of* their Pathological Anatomy, and our knowledge of the *symptoms by which* they are revealed to us during life.

He divided diseases into family groups for the purpose of illustrating the power of medical art, to modify and control them; exhibiting a long catalogue of brilliant achievements of inestimable value to humanity; and though this art somtimes fails to make itself felt, yet it is not the fault of science, but that some diseases are in their very nature and constitution incurable.

In this connection he made some extended remarks on consumption, a disease which in some climates destroys one fifth of the human race.

This disease when fully established, has a strong tendency toward death, and in the present state of our knowledge in the great majority of cases, we are unable to arrest that tendency; but that in view of the many and important discoveries of the last few years, and our increasing knowledge of the causes and influences which give rise to and develop it, we may indulge the hope of finally being able to cure consumption as we now cure many other diseases; or, at least, that we may be able to point out the causes and influences that give rise to it, so that they may be avoided, and the disease in a good degree eradicated.

Medical science has already done much in this particular, and though the causes of many diseases of the most fatal character have thus far wholly eluded the search that has been made for them, yet with many other diseases this is not the case, their causes have been in a good degree determined and pointed out, and the diseases to which they give rise in many cases prevented.

And in conclusion said "that the small pox, formerly prevailing in all climates, attacking alike all ages and classes, but now by the substitution of a mild disease, attended with neither danger nor scarcely any inconvenience, had become nearly extinct:—a triumph of science and philosophy unequalled in the annals of history."

The Secretary would like to have given a more extended notice of the President's address, and also of Dr. Shackford's oration, but their manuscript was not left with him.

The papers contained much valuable and useful information, for which the Society gave the following expression:

Resolved, That the thanks of this Society be presented to the Dissertators, for the learned, instructive and eloquent papers just read, and that the same be requested for deposit in the archives of the Society, and for publication if the Society so direct.

The Society was largely attended, and the report of cases and the discussion upon various medical topics, together with the interesting essays, made the session full of interest.

P. A. STACKPOLE, *Secretary.*

CASES OF LEAD DISEASE TREATED IN THE NEW-YORK HOSPITAL BY THE IODIDE OF POTASSIUM.

BY H. S. SWIFT, M. D., RESIDENT PHYSICIAN.

Within the last few years, the attention of the profession has been directed to that class of diseases produced by saturnine poisoning; but more especially since the publication of the plan of treatment proposed by M. Melsens—that of eliminating the metallic poison from the system by the iodide of potassium. This plan has already received such a favorable notice that it will not be necessary to refer to its details. Within the last nine months, we have had an opportunity of testing its value sufficiently to establish its efficacy. Although the leading facts have already been published in a former number of this journal, a more detailed account of the cases may perhaps be of interest.

This treatment was adopted in 23 cases, and the results thus far have been highly satisfactory. In 13 instances the urine was submitted to chemical analysis, and the investigation has established the fact that the lead may be eliminated from the system by the iodide of potassium, and found in the urine. In no case was the lead detected before the administration of the remedy. The chemical analyses were made by Prof. Outram, and the results of his experiments are perfectly reliable.

All the patients began to improve rapidly after this treatment was adopted, though they had previously resisted the ordinary means. No bad effects resulted from the long continued use of the remedy. In two cases, as M. Melsens suggests may occur, the symptoms were at first slightly aggravated,—one of them was profusely salivated while under treatment, and the other slightly so. One patient also suffered from coryza and gastric disturbance for a few days; but the treatment was only suspended for a short time. One patient was under the influence of the iodide of potassium for six months, one for five and a half, and another for four months.

In case 6, the urine was examined shortly after the treatment was commenced, and merely a trace of lead was detected. The quantity sensibly increased, until it was clearly shown both in the urine and saliva; and as the patient convalesced, it disappeared entirely, and the iodide of potassium was found abundantly in the saliva. In case 5, we did not suspect the existence of lead poisoning until after the patient had been put upon treatment for constitutional syphilis. While under this treatment, a well defined "blue line" appeared upon the gums. The urine was then examined, and found to contain lead.

Of the twenty-three cases treated by the iodide of potassium, sixteen have been discharged cured, and three so far relieved as to be able to resume their ordinary duties; four are still under treatment, and are gradually improving.

Thirteen of the patients suffered from lead colic, complicated with neuralgia, arthralgia, &c., four had paralysis of the wrists, and in six the paralysis was general.

I select the following cases as the most interesting in which the iodide of potassium was used:

Case 1. Jas. B——, a druggist, had complained for six weeks of constipation, tormina, weakness of the legs, paralysis of the extensors of the right thumb, and tendency to dropping of both wrists. He was admitted Aug. 9th, 1853. The peculiar blue line existed along the margin of the gums. He was pale and emaciated, and so feeble that he could not walk without assistance. The urine was examined, but without finding lead. He was then ordered potass. iodid., grs. v. *ter in die*, gradually increased to ʒi. *per diem.* After a few days, lead appeared in the urine. The urine, which at the time of admission was scanty and high colored, became natural in quantity and color. He had been under various kinds of treatment, with no benefit. His disease had never been suspected. He now rapidly regained his flesh and strength. The neuralgic pains entirely disappeared, and he was able to walk about the ward. He left the hospital Sept. 10th, at his own request.

Case 2. Hugh D——, æ. 28, a native of Ireland, tinsmith, admitted April 9th, 1853, at the same time with a younger brother, Dennis, both suffering from lead disease. He stated that in Aug., 1851, his father's family, consisting of four males and three females, moved into a house which had been painted but three days previously. There were also two boarders, who remained with the family a whole year. Three weeks after this exposure to the influence of lead, the youngest of the family, a lad of 17 years, became affected with twisting pains in the abdomen, constipation, and the ordinary symptoms of lead colic. Six weeks after, these symptoms were followed by complete paralysis of the upper and lower extremities. In the week following, the father became similarly affected, followed in one year by general paralysis. Both of these have since died. This patient enjoyed good health until Dec., 1852, sixteen months after the exposure to the paint, while the other brother, Dennis, was unaffected until February last. The females and two boarders have been exempt from the disease. All these patients followed different occupations, none of which had any connection with lead. The father was a wood turner; the younger brother had no employment, and Dennis was a harness maker. The water was supplied to them from a wooden pump. No leaden vessels were employed about the kitchen; and, remote as the case may seem, no other general exposure to lead could be ascertained than the one above referred to.

In Dec., 1852, the patient began to complain of symptoms of lead colic. These continued until the time of his admission, in April. His bowels were obstinately constipated, and were never moved without cathartics. He continued to perform his daily *avocation, with* slight interruptions, until January, when the symptoms became so severe as to compel him to give up work, and he has been confined to his bed most of the time since. A month ago, he noticed a "burning sensation" and soreness in the soles of the feet which gradually extended up the limbs. This was soon followed by a feeling of numbness, but there was no loss of voluntary motion. Three weeks after, the same soreness appeared in the left deltoid muscle, which, in like manner, extended down the arm. This was shortly followed by dropping of the wrist, and paralysis, and dropping of the little, ring, and middle finger in succession. The thumb and index finger have never beeen affected. In about one week, the same phenomena occurred in the right arm. Ten days since, he observed partial paralysis of his limbs. At the time of admision there was complete paralysis of the arms and wrists, imperfect control of the lower extremities, and lead colic. The gums were softened and ulcerated, but the blue border of the gums was well defined.

He was ordered pil. strych., gr. $\frac{\text{[illegible]}}{16}$, *ter in die.* Six days after, he noticed abdominal twitching, evidently produced by the strychnine. The bowels were then freely moved, and were open regularly without cathartics during the remainder of the time he was in the hospital. His urine was submitted to an imperfect examination. There were no evidences of lead. On the 13th, he commenced the iodide of pot., grs. xv. *in die,* gradually increased to ʒ i. On the 25th, the pains in the soles of the feet, which had been unusually severe, had entirely left him. The limbs had decidedly improved, while the upper extremities remained the same. Takes pot. iod., ʒ i. *in die.*

May 13th. Is able to walk about with little effort, and is gradually regaining the use of his hands. The blue line has nearly disappeared. July 6th, was able to assist in the work of the ward. There was no lead in the urine. Two weeks after it, it appeared in the urine, and iodide of potassium was found in the saliva. Sept. 18th. The evidences of lead had disappeared. He was discharged cured on the 14th of October.

CASE 3. Dennis D——, brother of the last-named patient, aged 22, a harness maker by occupation, was admitted April 9th, 1853, with entire loss of the use of the arms, imperfect control of the lower limbs, and lead colic. In his case, the thumbs and index fingers were paralyzed and drooping, while the other fingers were unaffected. The same treatment precisely was pursued.

May 15th. He was able to walk without assistance, and was gradually gaining the use of his arms. July 13th. Lead was found in the urine and saliva. Patient was profusely salivated, and the treatment suspended two weeks. There is no reason to suppose that this salivation was owing to the "liberation of mercury" by the solvent power of the iodide of potassium.

Sept. 18th. There were no evidences of lead in the urine.

Nov. 1st. He entirely recovered the strength of his hands, though slight *paralysis of the* fingers remained. Was discharged decidedly relieved, Nov.

19th. Since he left the hospital, he has been able to gain a livelihood, and is gradually acquiring the use of his hands. In both these cases, the reason the lead did not appear earlier in the urine, is probably owing to the imperfect manner in which the examinations were made. The first specimen submitted to the analysis of Prof. Outram contained lead, though several days had elapsed since the last examination.

Case 4. A laborer, aged 30, was admitted April 6th, 1853, with lead colic, pains in limbs and soles of feet, constipation, &c. The attack was referred to drinking water which was brought a long distance in leaden pipes. His bowels were never moved without medicine. Ordered pil. strych. gr. $\frac{1}{16}$, *ter in die.* On the 10th, he noticed abdominal twitchings, and his bowels were freely opened, and they remained so while he continued under treatment. On the 20th, he began to convalesce from an attack of typhus fever, contracted in the house, and then became affected with general paralysis. He was much prostrated by the attack of fever, and convalescence was very slow. May 14. He was ordered pot. iodid. grs. xv *in die,* increased to ʒ i. At the time he commenced taking the iodide of potassium, he was so much prostrated as to require porter and generous diet. He had no power whatever in his arms, and his gait was so insecure that he could not walk without assistance. He, however, began to improve rapidly, and in one month was able to feed himself and walk unassisted. July 6th. The urine was carefully examined, but no lead was detected. On the 13th, it was ascertained, by chemical analysis, to exist in the urine and saliva. He was completely cured, Oct. 11th.

Case 5. Peter Conway, 50, Ire., porter, was admitted June 20th, 1853. He had complained for several weeks of constipation and vague neuralgic pains in various parts of the body, especially in the abdomen and lower extremities. There was no blue line on the gums, and we did not suspect the presence of lead. The pains were regarded as syphilitic in their character, and he was put upon teatment for constitutional syphilis. He had had the primary disease several years before. After taking the iodide of potassium a short time, a well-marked blue line appeared along the margin of the gums. The urine, on examination, was found to contain lead.

Case 6. A vocalist, aged 33, was admitted May 21st, 1853, much prostrated from an obstinate attack of diarrhœa, which had troubled him for two months. His health had also been much impaired by his previous intemperate habits. His constitution was entirely broken down. It was feared that he was suffering from incipient cirrhosis. There was tenderness over the right hypochondrium. The liver was enlarged; the urine high colored and scanty; the countenance sallow, and the conjunctiva tinged yellow. He also complained of neuralgic pains in the limbs, excruciating pains in the soles of the feet, and a partial loss of power in the limbs. The treatment was first directed to the diarrhœa, and measures adopted to restore the general health. On the 26th, he noticed slight paralysis of the extensors of the hand, which increased so rapidly that on the 1st of June there was dropping of both wrists, and he had scarcely any power over them. The limbs were also completely paralysed. There was no blueness of the gums. He had never suffered from colic. He had previously stated that he was not aware of having been exposed to the influence of lead. He now remembered to have spent several nights in a newly painted saloon, and that he had drank freely of champagne, the inferior qualities of which are known to contain some preparations of lead. The paralysis, from these circumstances, was regarded as depending on saturnine poison. His urine was examined, but no appearance of lead was observed. June 5th, he commenced taking the iodide of potassium in small doses, gradually increasing, so that he took ʒj of iodide. On the 13th there were slight traces of lead in the urine, and in five days the quantity had sensibly increased, and on the 20th, the evidences of lead were very decided, both in the urine and saliva. He had then been under *full* treatment for a month. The improvement in his case was truly remarkable. His flush had reäppeared; he had entire use of his hands, and was able to move his limbs at pleasure, though he had not sufficient strength to walk. Sept. 18th. Lead had disappeared from the urine. Oct. 1st. The treatment was discontinued, and he was ordered strych. acet., grs. $\frac{1}{50}$ *ter in die*. He is now gradually regaining the power of his limbs, and is able to walk without assistance.

The cases of lead colic were not so satisfactory to us, as the patients were unwilling to remain under treatment after the more acute symptoms had disappeared, when, as they believed, they were cured. The blue line, however, disappeared more rapidly in those who were treated by the iodide of potassium, and the chemical proof of the lead in the urine leaves but little room for doubt that the system might be entirely relieved of the saturnine poison, and that the cure would be both radical and complete.

The value of this remedy in metallic poison is fully established by the observations of M. Melsens himself. In a single case of salivation, where this treatment was adopted, I have seen the mercury eliminated through the kidneys, and found in the urine.

Whether the pathology of these diseases, as sustained by M. Melsens, be correct or not, the deductions from it cannot now be questioned; and, with our present knowledge, the iodide of potassium as a remedy in these affections must hold the highest position. The subject is of course a new one, and opens a wide field for observation; but the success of this treatment cannot but be looked upon with interest. In none of the above cases was the treatment so fully carried out as proposed by M. Melsens. The maximum dose was ʒi. in 24 hours.

The treatment of constipation attending lead colic by strychnine, has been introduced into the hospital within the last two years. In some cases it had a most happy effect. Supposing the constipation due to a paralysis of the muscular coat of the intestines, it is rational to suppose that when this is fully overcome, the bowels would act of themselves, and thus this symptom would not only be relieved, but cured. In most instances, cathartics are merely palliative, and patients are constantly obliged to resort to them. Why not treat this paralysis like the paralysis of the hand or limbs? Cases 2, 3, and 4 were treated by the strychnine. In 3–6 days the patients noticed slight abdominal intestinal (?) twitchings. This was soon followed by copious and free discharges from the bowels, and they remained soluble the remainder of the time they were under treatment, though for several weeks before they were obliged to resort to laxatives. In some cases where the symptoms resulting from constipation were urgent, its action was hastened by an enema, or even by cathartics. In two instances a diarrhœa supervened, and continued until the strychnine was suspended. In other forms of paralysis, strychnine is known to have the opposite effect. In two cases of paralysis not depending on lead, the bowels became confined while under its use. Its efficacy in chronic diarrhœa is now generally admitted.

The injurious effects produced by the emenations of lead are much more frequent than is generally supposed. By referring to the records, I find that forty-seven cases of the different forms of lead disease have been treated in the New York Hospital within the last two years. Many of them had been treated for "neuralgia," "colic," "enteritis," &c., before their admission to the hospital. The true nature of their disease was not suspected, not because they could not have been easily recognized, but simply because too little attention has been directed to this particular class of diseases. Case No. 5 may be cited as an illustration of this truth. There was no cause in that case to suspect the existence of lead poisoning. The patient was not aware of having been exposed to its influence, and the prominent symptom —the blue line along the gums—was entirely absent. This symptom was present in forty-five of the forty-seven cases attended to. The paralysis in case 6 might have easily been mistaken for an entirely different disease. The iodide of potassium established the diagnosis in the one, and confirmed it in the other.

Recent experiments have established the fact, that one frequent cause of lead diseases is the emanation of lead from newly-painted apartments. This cannot be too forcibly dwelt upon, as many have doubtless sacrificed their health through ignorance of the fact. By the following table, eight patients could refer their attack to sleeping in a room freshly painted. I have seen a whole family affected with lead colic from this cause alone. In cases 2 and 3, it may perhaps be questionable whether the attack could be referred to this cause, as so long a time had elapsed between the exposure and the development of this disease.

The following cases have been received into the New York Hospital since September 14th, 1851.

Probable cause.		Form of Disease.		Cured.	D'schr'd by request.	R'liev'd.	Improving.
Painters...........	19	Lead colic, neuralgia, and arthralgia....	33	29	2	1	1
Gasfitters, from using cement composed of the carbonate of lead.........	3	Partial paralysis....	7	4	1	1	1
From sleeping in a newly painted apartment.......	8	General " ...	7	4		1	2
From drinking soda water...........	6						
From drinking water from leaden pipes.	1						
Workers in acetate of lead..........	1						
Unknown..........	9						
Total..........	47		47	37	3	3	4

New York Hospital, January 16, 1854. *N. Y. Medical Times.*

ELIMINATION OF LEAD BY IODIDE OF POTASSIUM. *Reported to the Biological Society by J. Outram, Jun., Lecturer on Chemistry in the New-York Preparatory School of Medicine.* The value of iodide of potassium as a therapeutical agent in cases of lead and mercurial poisoning, is now well known, many cases having been cured by this treatment alone, in our hospitals. M. Melsens (the originator of this treatment) has given several cases of both lead and mercurial poisoning, which he had treated successfully by this means. He was of opinion that the metal was acted upon by the iodide of potassium converted into a soluble salt and eliminated through the kidneys. To prove this to be the case, the metal must of course be found in the urine. This M. Melsens did not show, as he did not examine the urine chemically.

I have lately had an opportunity to examine the urine of several patients at the City Hospital, who have been under the above treatment for lead disease, and the experiments have entirely corroborated M. Melsen's theory, viz.:

That the lead is *not* eliminated before treatment; and

That it is eliminated in the urine after treatment.

The following is the process to which I subjected the urine. I evaporated it to dryness, and burned the residue until all the organic matter was driven off. This residue I boiled in dilute nitric acid, filtered, and then precipitated the lead by a stream of sulphureted hydrogen gas. Where the metal was present, it was thrown down as a black sulphuret.

I examined a number of samples of urine before the patients had been put on M. Melsens' treatment, and could not detect any trace of metal; while in those examined after treatment, the evidences of the metal were well marked. Sometimes, however, the lead could not be detected until the patient had been under treatment for some time. In most of the cases in which I detected the metal, the patients had been under treatment for at least four days; but in one case which I examined every second or third day from the time of his admission into the Hospital, it was about two weeks from the time of his being put on treatment till the time I first detected the metal in his urine. The dose of iodide of potassium that was given in those cases was ℥i daily, in divided doses.

There was one patient to whom iodide of potassium was given for another case. After a few days, the characteristic blue line appeared on the gums, and, in a day or two afterwards, I detected lead in his urine.

The quantity of urine examined each time was not less than six ounces. I have examined twelves cases from the Hospital, and three or four from private practice, and all of them with highly satisfactory results.—*N. Y. Med. Times.*

THE TREATMENT OF ERYSIPELAS ANALYZED.

BY SANFORD B. HUNT, M. D.

I propose to bring the various remedies employed in the treatment of erysipelas to the test of a critical analysis, based on the ascertained facts of the disease; laying down first the proposition, that we should exhibit no remedies without knowing why we do so.

When a few years since malignant erysipelas first prevailed to an alarming extent in this section of country, the views of medical men, both as to its pathology and tendencies, and as to its treatment, were unsettled and unsatisfactory. The epidemic of 1844 and '5 was exceedingly fatal, as might have been expected in this state of medical opinion. Sundry points of pathology were at that time settled in the minds of thinking and observing men. Among these the following may be laid down as propositions, then verified and placed among the facts of the profession:

1st. Erysipelas is a contagious exanthem, originating in the presence of a specific blood poison, either conveyed into the system by contagion, or developed there by certain morbid processes not understood.

2d. The tendency of erysipelas is toward recovery by the self elimination of the blood poison.

3d. The action of this poison depresses the vital powers, but not usually to a fatal degree. When the poison is directed from the surface toward the nervous centres, we shall have symptoms much more alarming than when it expends itself in cutaneous inflammation.

Probably these propositions are no novelties, and will be readily acceded to by all who have carefully watched the disease in question. I shall not, therefore, enforce them by any argument, but shall confine the scope of this article to sundry deductions as to treatment, derived from these data.

1st. If erysipelas is a contagious exanthem, analogy would lead us to suppose that its management should be governed by the same rules which guide us in other principal exanthemata, viz., scarlatina, rubeola, variola, varicella, and continued fever. All these disorders belong to the same family, and are subject to the same laws. All have their origin in contagion, though some of them may be self-developed. All of them depend upon blood poison as their cause. All are self-limited; in all of them an abortive treatment is perhaps impossible; in all of them the degree of danger depends upon the degree to which the nervous centres are affected by the poison; and in all of them that treatment will be most successful which most favors the elimination of the specific poison. These analogies are worthy of consideration. We may argue with tolerable certainty from one to the other, and may readily conclude that one principle of treatment should govern the whole. And in the whole art of therapeutics no principle is better established than that depletion is inadmissible in all this class. Erysipelas is a blood poison. Therefore any merely local treatment must be generally insufficient. I say *generally*, because there are many cases in which this poison expends itself almost as locally as does vaccinia in its usual mild career. Of course, in such cases local treatment will be not only sufficient but superfluous. Prof. Bennett saw in the Hotel Dieu a number of cases which were receiving no treatment—M. Louis asserting that erysipelas of the scalp was never fatal. And this accords with all our preconceived notions of eruptive diseases. When the eruption comes out fair, thus affording the best chance for elimination; when it occupies only its natural locality, the skin, and is thus uncomplicated with visceral inflammation, we expect a recovery *tuto, citoque, jucunde*, without much, if any medical interference, and the only judicious treatment in any of these diseases is that which directs the morbid matter in common with the whole tide of circulation toward the surface.

The elimination of the specific poison of erysipelas is conducted by the usual emunctories—the skin and the kidneys. Free diaphoresis exerts a most favorable influence upon the progress of the disease, tending to shorten the process of elimination. The occurrence of desquamation, even when no bullæ exist, indicates the effusion of fluid beneath the cuticle, and it is not improbable that this effusion subtracts its quantum from the sum total of disease. The relative quantity of urea in the blood seems to have in this, as in all other exanthemata, an influence upon the severity of the disease. But what this influence is we do not know, though we may hope that with our present means of investigation the thing may soon become clear.

In erysipelas, as in other desquamative disease, we find frequently—not always—the accompanying sign of albuminuria. This occurs at the period of declination, and depends upon the solution of the renal epithelium in the urine. That this is a part of the process of elimination is not proven, and it may be found to depend upon a local disorder of the kidneys, incident to the increased secretion of urea occurring at the period of declination. The plain indications of treatment derived from these natural phenomena, are to encourage the secretions of both the skin and the kidneys.

2d. The tendency of erysipelas is toward recovery. This is proven by the small average of deaths—the recovery of very many cases in which the disease has run its course uninfluenced by medication, and finally by the analogy derived from the natural history of other eruptive diseases.

3d. Whenever the symptoms become alarming it is not from the acute or destructive character of the inflammation, but from a depression of the nervous energy. Gangrene is of extremely rare occurrence. Abscess is more common, but still so unusual as not to be classed among the natural sequelæ of the disease. When erysipelas assumes a bad type, we find the inflamed surface looses its lively red, and acquires a dark, purple hue; the skin is dry; the urine suppressed; the tongue has a dry brown crust; the teeth are covered with sordes; the pulse grows frequent and fluttering; delirium and coma are present; in a word, we have typhoid symptoms. All this retinue of bad signs have their origin in a morbid impression on the great nervous centres, and we readily draw the indication of a supporting treatment. If the disease pursues its natural course, finding outlet by the skin and kidneys, we shall have the vital powers unimpaired, the reason clear, and the pluse—the great indicator of nervous disorder—undisturbed. But when from any cause, the poison is retained in the circulation, and goes on increasing by zymosis, we shall find that the brain becomes congested—that the disease has left its wonted channels, and is expending itself upon organs more important—upon the great moving power—the *nodus vitæ* itself.

It seems to me that if what I have advanced be true, we have a sufficient basis for a scientific and successful treatment of erysipelas, which by a parity of reasoning will apply to the other eruptive zymotics. It is not probable that those things yet unexplained will have the same important bearing upon treatment as the facts already in our possession.

Treatment. Most of our systematic authors speak of bleeding as admissible, and even praiseworthy, in the country, but not admissible in the form of the disease seen in cities. But if what has been said about the tendencies of the disease to typhoid action, the little danger of an unfavorable result from the extent or violence of inflammatory action, and the importance of maintaining the nervous system in full vigor, be of any moment, then is a bleeding in erysipelas as unphilosophical as in continued fever, variola, or any other exanthem. The safety of the patient lies in the activity and lively character of the local inflammation; for the extent of the inflamed surface is only an indication of the amount of blood poison and the activity of zymosis.

The diaphoretic treatment seems, at first view, to be theoretically and practically correct, as indeed it is. But to secure diaphoresis, we should not administer those drugs which, by their depressing influences, lessen the nervous energies—*e. g.*, antimony. There are, however, diaphoretics of a different class, to which no such objections can apply, as the acetate and carbonate of ammonia. Whiskey punch, which at first view would seem a good stimulant diaphoretic, is objectionable on account of the reaction and torpor of the nervous system following its use.

Diuretics are also indicated, but the antagonism of the skin and kidneys renders it difficult to meet both these indications at once. Perhaps colchicum, tending directly to the removal of urea, might be found the best of diuretics.

But even these indications, important as they are, yield to the necessity, in serious cases, of supporting the nervous powers. Quinine is thus valuable, and here do we find what I conceive to be the true theory of Hamilton Bell's treatment by the Tinct. Ferri Muriatis. He himself argues that the capillaries are in an atonic state, and that the system being rapidly saturated by this powerful astringent, the atony is removed. Evidently if this were true, cold affusion would be equally successful. In the only case in which I have had the opportunity to observe the action of this remedy, it was commenced twelve hours after the appearance of the eruption. The pulse was 100, full, and firm. Fifteen drops of the muriated tinct. were given every two hours. A cathartic was given with the first dose. The patient was a blacksmith, aged 35. There was no other treatment, either general or local. Under the remedy he sweat profusely, and forty-eight hours after the treatment commenced, the pulse was 72 and soft, and the swelling, which had occupied the whole face above the mouth, closing both eyes, was declining. He convalesced rapidly. This is a single case. Perhaps a collection of cases might give a different result, though this case is similar to those reported by Dr. Bell in all particulars. In attempting to explain the action of the remedy we may say this much: The iron is a good tonic, and is *prima facie* as well adapted to the disease as quinine. Perhaps by the action of iron the nervous system is exalted to a pitch which enables it to exert its whole energies in throwing off the poison.

Cathartics. Probably there is no case of erysipelas which will not at some time in its course be the better for cathartic action.

Another corollary to our proposition is, that all local applications further than those tending to relieve itching and pain, are unnecessary and mischievous. If by local applications you cut short the inflammation, you lengthen correspondingly the disease. This may not hold true in a far advanced stage of the disease.

It will be seen that by this process of analysis from established facts, we rather subtract from, than add to our armamentaria against this disease. The whole treatment is reduced to a simple combination of tonics, diaphoretics, and diuretics. The peculiar remedies which have my preference I have indicated, viz., iron, colchicum, and the acetate of ammonia; but it is probable that other articles of the materia medica may fulfill the same indications, nearly, if not equally as well.—*Buffalo Med. Journal.*

STYPTIC BALSAM.

Editor of New York Medical Times:

With a view to a more extensive publicity to the above-named remedy than I have been able to give by private means, I avail myself of your journal for that purpose.

It is nearly thirty years since I commenced the use of this balsam as a styptic, in the various forms of hemorrhage which are within the domain of medical pathology, and with uniform success.

I am satisfied that no remedy now known exerts a more specific power and more speedy relief, especially in hemoptisis, hematemesis, epistaxis and menorrhagia.

It acts both by its sedative power, in diminishing the force of circulation, and by its astringent qualities, in contact with the bleeding vessels. In the treatment of hemorrhage, neither blood-letting, confinement to the room, suppression of the voice, relaxation from business, nor other precautions, are necessary: nor is any auxiliary treatment required, except, perhaps, a dose of Epsom salts, where there is evidence that blood has been swallowed.

Ordinary exercise in the open air is decidedly preferable to inaction; and wherever there are premonitory symptoms of a return of hemorrhage, it has always exerted a prophylactic power when promptly used; and by this early resort to the remedy, many radical cures have been effected.

The following is the formula and method of using it:

R. Acid. Sulphuric. (by weight), ʒ v.
Spts. Terebenth. }
Spts. Vin. Rect. a a } f. ʒ ij.

Place the acid in a Wedgewood mortar, and add the turpentine slowly, stirring it constantly with the pestle; then add the alcohol in the same manner, and continue stirring it until no more fumes arise, when it may be bottled, and should be stopped with a ground stopper.

It should be prepared from the purest materials; and when done, it should exhibit a dark but clear red color, like dark blood; but if it be a pale, dirty red, it will be unfit for use. The dose is 40 drops, and the method of using it as follows:

Put a tea-spoonful of brown sugar in a common sized tea-cup, and rub in 40 drops of the balsam until it is thoroughly incorporated, and then slowly stir in water until the cup is nearly full, when it should be immediately swallowed.

This dose may be repeated at intervals of an hour, until three or four doses are taken, if necessary; and its use should be discontinued when fresh blood ceases to flow. After standing a few days, a pellicle forms upon the surface of the balsam, which should be broken, and the liquid below it used. It does not deteriorate by age, if tightly stopped.

Very truly yours,

JAMES WARREN.

New York, 25th December, 1853. *N. Y. Med. Times.*

POCKET PROBANG.—A private note from a medical friend has been received, which contains a description of a very convenient series of instruments for making applications to the throat and air passages. Although he promises a more complete description of them, as well as illustrations, which might be more striking to the eye, we do not feel justified in withholding them from the profession, for fear something may prevent the fulfillment of the promise. Any one, who, either in the city or the country, has been obliged to carry with him the long probang, with the fixed sponge, will appreciate the convenience of this jointed instrument, with its simple, but effective contrivance for changing the sponge, as well as serving for a portcaustic.

"Since the publication and general circulation of Dr. Green's works on 'Diseases of the Air Passages,' and on 'Croup,' the treatment of these diseases, according to the plan recommended in those books, has become an important item in private practice. To those physicians who have adopted this practice, it is a desideratum to have instruments which are *portable*, and at the same time adapted to the performance of those delicate operations often necessary to insure success.

"*For some years* past I have been using a number of instruments, contrived by myself, and manufactured by an ingenious cutler in Albany, which combine qualities quite desirable to a general practitioner.

"One is a port-caustic, made of silver or platina, and attached to a curved whalebone rod,—for the purpose of cauterizing ulcers upon the epiglottis and other parts of the throat.

"Besides this, there is a *set* of five or six instruments, for holding both sponge and caustic, made of steel wire, all attached to the same handle by a screw, and removable at pleasure.

"The sponge-holder is made of small steel wire, with a long slit at the end to receive the sponge, the inner face of the slit being made rough, with a flat ring to slide down and hold it firm, the other end being adjusted to an ivory handle. There are three of these sponge-holders, one straight, the others curved.

"The two caustic-holders are similarly constructed—with a slight difference at the slit end—and adjusted to the same handle.

"The whole apparatus is simple, safe, cleanly, and portable."—*American Medical Monthly.*

DR. MARSHALL HALL.—This distinguished *savant* was in New Orleans during the month of January, and, with that zeal in the pursuit of information upon the functions of the nervous system, for which he is distinguished, made a series of experiments upon alligators. As they have been supposed to manifest some phenomena discordant with his theories, we give below the notes taken at his vivisection, believing that our readers will be interested in them. We learn that from New Orleans Dr. Hall will go to Havana, and thence return to this city.

Dissection of a small Alligator by Dr. M. Hall.—Jan. 13. Animal decapitated below the medulla oblongata, thorax and abdomen completely eviscerated. Spontaneous motion evident in the head; suspended in the trunk and extremities. Extremities excited, much irregular motion.

Head excited, much muscular motion thereof. Cornea touched, palpabræ closed. Motion of head upon touching medulla-oblongata. Nostril touched, mouth opens, and all the muscles of the head contract.

Trunk first suspended by a hook, then placed under the edge of a knife—no after motion preceptible. The trunk suspended by hooks introduced near the sphincter ani, remained perfectly motionless for several minutes.

Trunk divided into three parts. Upon irritating the skin of either of the three, *violent contractions.* Superior points of amputation of each being irritated, little or no motion. The upper part of spinal marrow of each portion being irritated, muscles below contact.

The experiments showed *spontaneous* and *excited* motion in the head; *excited* motions only, in *the extremities.*—*Ibid.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, APRIL, 1854.

"SCHIEDAM SCHNAPPS." Our readers will recollect that in our February No. we gently reminded some of our brethren of a slight professional delinquency in allowing themselves to be over-reached by Udolpho Wolfe and his Schiedam Schnapps. We did this in the best natured manner possible, and without a thought whether we should add to or lessen the sale of this celebrated medicine. But it seems our noticing the article at all opened a door to a new mode of advertising, and in the N. H. Patriot of Feb. 22d, this prince of all the rumsellers came out with an advertisement of great length, in which we, as well as those of our brethren from whom we copied, were assailed with a tirade of *misrepresentation and abuse*, which could only have been produced by a brain familiar with *gin of some sort*.

We regard his abuse as more desirable than his favor, and either of equal value with the testimony of those *very eminent medical men* who have spoken *so very favorably* of the "Schnapps;"—but, as he seems to regard "medical testimony" *as proof positive*, we cannot forego the temptation to put on record *our opinion*, and it is this,—that while we do not doubt that the "Schiedam Aromatic Schnapps" is very good gin, we believe that *equally good gin* for medicinal purposes may be procured of respectable druggists in Concord, Manchester or Boston, *for one half the price*. We say this advisedly, and with a full appreciation of the value of the "Schnapps," with which we are sufficiently acquainted, although we did not see fit to accept a bottle when offered "free, gratis, for nothing."

A TREATISE ON VENEREAL DISEASES. BY A. VIDAL, (DE CASSIS,) *Surgeon of the Venereal Hospital of Paris, &c. With colored plates. Translated and edited by* GEO. C. BLACKMAN, M. D. *New-York: Samuel S. & William Wood, pp.* 499. Without professing to be posted up in all the quibbles and quirks of modern syphilography, or to decide who is nearest right, VIDAL or RICORD, we must say we have never seen a book on this subject which appeared so well calculated to meet the wants of students and young practitioners as this. The whole subject of venereal disease and its treatment is discussed at length, but in a clear and concise manner. The American editor has discharged his duty faithfully and creditably, and the work is remarkably free from the stiffness so common in translations from the French. It is illustrated with numerous plates, colored to life, which are invaluable to those physicians who have not had opportunity to see the various forms of primary and consecutive syphilis as they occur in the hospitals of large cities.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. We have received the sixth volume, and must here express the satisfaction we have felt in its examination, although we have not now time nor space to notice its merits as we would. The essays of Prof. Meigs "On Acute and Chronic Diseases of the Neck of the Uterus;"—of Prof. March, "On Coxalgia, or Hip Disease;"—of Dr. Buck, "On the Treatment of Morbid Growths within the Larynx,"—or either of the prize essays, are each worth more to any practitioner than the cost of the book. We regard this volume as one of the best, if not the *very best,* medical book ever issued from the American press. Prof. Meigs' essay is illustrated by many plates colored to life.

We are also glad to inform those of our readers who may wish to procure this volume, that they can do so by remitting post-paid three dollars to Dr. Francis Minot, No. 140, Charles Street, Boston, when a copy will be forwarded, by express or otherwise, as they may direct.

PROF. FLINT'S CLINICAL REPORTS.

CLINICAL REPORT ON DYSENTERY: *Based on an Analysis of Forty-nine Cases, with remarks on the Causation, Pathology and Management of the Disease.* BY AUSTIN FLINT, M. D., *pp.* 90.

CLINICAL REPORT ON CHRONIC PLEURISY: *Based on an Analysis of Forty-seven Cases.* BY AUSTIN FLINT, M. D., *pp.* 58. These reports are such records of the actual phenomena of disease, based on "facts and figures," as are worth whole libraries of closet speculations. They remind the reader of Andrall's celebrated "Clinique Médicale," but have the advantage over that work that they are records of the results of diseases as they occur in our midst, and as treated by one of our own physicians, and as such are entitled to a degree of confidence which no foreign work can claim.

These little books are published in Buffalo and Louisville, Ky., but we presume may be ordered of our own booksellers.

FUNCTIONAL AND SYMPATHETIC AFFECTIONS OF THE HEART: *A paper read before the Society of Statistical Medicine.* BY JOHN W. CORSON, M. D. This is a reprint from the January No. of the New-York Journal of Medicine, extending to 31 pages, and embracing much valuable matter in relation to heart diseases. In relation to the relative frequency of organic and functional diseases, Dr. C. says:—"The counterfeits, indeed, are as plenty as the real coin. Perhaps no man ever saw more of heart disease than the late Dr. Hope, and we have the deliberate testimony in his work, that one half of the private cases were merely functional. We may sincerely endorse this statement, and add that these average the most mental suffering." No brief extract can do justice to Dr. C., but we cannot forbear to copy the following: "The enthusiastic student, fresh from the beautiful theories of books, and with all its hard names ready on his tongue, is doomed to bitter disappointment, if he imagine that, without long and severe training, his uneducated senses can at the bedside accurately weigh and measure a living heart as it flutters in the bosom, or truly estimate its false alarms, its throbbings and heavings, and its moanings."

PSYCHOMANCY;—*Spirit-Rappings and Table-Tippings Exposed: By Prof.* CHARLES G. PAGE, M. D., *etc. Published by D. Appleton & Co., New-York, pp.* 96. This is a very clear and philosophical exposition of the fallacy of these modern humbugs, which are having such melancholy prevalence at the present time. Prof. PAGE applied mechanical tests to detect these impositions in February, 1853,—"several months in advance of Farraday's tests,"—and claims this as the *first* expose of "rappings and tippings."

We commend it to any of our readers who are interested in this matter. As a specimen of the opinion of Prof. P., we copy the following from the first page:—"With a confidence, firm as our belief in holy writ and the unfailing laws of God, we challenge the exhibition to our senses of any performance with spirit-rappings or table-tippings, which cannot be explained upon natural, and *well known* natural laws."

"DOCTORS COMMONS." *An Ethic Address delivered before the Burlington County District Medical Society, (New-Jersey.)* By S. W. Butler, M. D., *President of the Society.* This address is "short and sweet," but is a genuine *multum in parvo.* Dr. B. knows the whys of professional delinquency, *and tells* his mind without reserve. The following is very like something we have written on the same subject:—"Witness, too, our courts of law, when, in suits brought against surgeons for mal-practice,—which in nine cases out of ten have their origin in cupidity and spite,—professional men are found, who, with a view to advancing their own interests at the expense of a successful and rival practitioner, are base enough to give questionable evidence against him, which, in the minds of most juries, will out-weigh any amount of knowledge and talent which may be brought forward by the defendant."

STRAFFORD DISTRICT MEDICAL SOCIETY. We have long regarded this and the DOVER MEDICAL ASSOCIATION, comprising mainly the same members, as pattern societies. They are noble exceptions to the proverbial quarrelsomeness of neighboring physicians; and we are happy to know that they reap the reward of their fraternal regard for each other, in individual and associated prosperity. We give in another page the proceedings of their last annual meeting, which show that they are all fully alive. The labors and example of Gov. Martin have done much to produce the present happy condition of medical matters in Strafford county.

STATE SOCIETY COMMITTEE ON PRACTITIONERS WITHIN THE STATE. At the annual meeting of the N. H. Medical Society, holden at Concord, May 31 and June 1, 1853, Prof. E. R. Peaslee offered the following resolution which was unanimously adopted:

"*Resolved*, That a committee be appointed, consisting of one member from each medical district in this State, whose duty it shall be to obtain the names of all the medical practitioners within their respective districts, and ascertain at what medical schools all the *irregular* as well as the *regular* practitioners obtained their diplomas;—the facts thus obtained to be published at such time and in such manner as the committee may decide upon."

The following gentlemen were appointed a committee under the foregoing resolution:

For Grafton District,	Dr. A. Smalley,	Lyme.
" Centre "	" E. H. Parker,	Concord.
" Southern "	" F. P. Fitch,	Amherst.
" Rockingham "	" E. L. Griffin,	Derry.
" Western "	" G. B. Twitchell,	Keene.
" Strafford "	" P. A. Stackpole,	Dover.
" Carroll "	" W. H. H. Mason,	Moultonborough.
" Manchester City,	" Josiah Crosby,	Manchester.

In compliance with the invitation of the chairman of the committee, Dr. A. Smalley, we will act as far as practicable instead of Dr. Parker; and we would suggest that those of our subscribers who feel any interest in this matter, should forward, (*post-paid,*) to some member of the committee, all the information in their possession, not only in relation to practitioners in their own towns, but, so far as their knowledge extends, throughout the State.

In this way only can we arrive at an approximate knowledge of what sort of Doctors we have among us. It will perhaps be as well for information to be sent as follows: Grafton and Coös counties, to Dr. A. Smalley, Lyme; Hillsborough, to Dr. F. P. Fitch, Amherst; Rockingham, to Dr. E. L. Griffin, Derry; Cheshire and Sullivan, to Dr. Geo. B. Twitchell, Keene; Strafford, to Dr. P. A. Stackpole, Dover; Belknap and Carroll, to Dr. Mason, Moultonborough; Merrimack county, to the editor of this journal. Dr. J. Crosby will collect the information in Manchester city.

It is hoped our brethren will take hold of this matter and give us all the information in their power, and without delay.

EVILS OF TOBACCO: *as they affect Body, Mind and Morals.* By Rev. DWIGHT BALDWIN, *pp.* 16.

TOBACCO DISEASES: *With a Remedy for the Habit.* By JOEL SHEW, M. D., *pp.* 20.

TOBACCO: *Its History, Nature and Effects, with Facts and Figures for Tobacco Users.* By R. T. TRALL, M. D., *pp.* 22.

Published by Fowlers & Wells, New-York.

These three tracts are among the best books issued by these enterprising publishers. They are *quids*, which the lovers of the filthy weed can neither get around, move out of their way, nor chew up. The "*facts and figures*" will be as unpalatable to them as a plug of *mouldy pigtail;* but we advise every tobacco user, especially our medical brethren, to procure and read these little books, and, having done so, to apply the remedy recommended by Dr. SHEW, which we will warrant to effect a cure for their accursed habit.

TO NEW-HAMPSHIRE PHYSICIANS. As the extensive prevalence of small pox renders the present, perhaps, as favorable a time as ever may occur, to ask for the action of our Legislature in relation to compulsory vaccination, we would request such of our New-Hampshire subscribers as wish to aid in this matter, to prepare petitions to that effect, secure the signatures of as many of their townsmen as they conveniently may, and transmit them to us at as early a day as possible. These petitions need be only a short and comprehensive request to the Legislature to take such measures as their wisdom may direct, to restrain the (at present) fearful prevalence of small pox. We hope every humane physician will feel himself called upon to do his duty in this matter, and being called will on no account "begin to make excuse," *but do his full* share in this effort to restrain a fearful pestilence.

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A CARD TO PHYSICIANS AND DEALERS.

DANIEL LOTHROP & CO., Wholesale and Retail Dealers in DRUGS, MEDICINES, CHEMICALS, Pure Liquors, Leeches, Shaker's Herbs, Trusses, Supporters, Shoulder Braces, Instruments, &c., &c. They receive their Chemicals, Extracts and Powdered Articles direct from importers and manufacturers, and will warrant them of pure officinal strength and purity. Their purchases are all made with *cash*, and in large quantities for their different stores, enabling them to sell as cheap as can be bought in Boston or New-York.

Appreciating the kind and liberal patronage already bestowed upon them, they would respectfully solicit a continuance of the same.

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THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

VOL. IV. MAY, 1854. No. 5.

[For the N. H. Journal of Medicine.]

RECTO VAGINAL FISTULA.

Mr. EDITOR :—In compliance with your request I have prepared the following account of a successful method of treating recto-vaginal fistula and lacerations of the recto-vaginal septum, deeming it incompatable with the limits of a communication like this to enter into any particular description of the anatomy of these parts, a detailed account of the disease, or the operations which have been proposed for its relief.

A communication between the vagina and rectum sufficiently large to allow the rectum to discharge its contents partially or wholly into the vagina, is a great source of disgust, disquiet, and unhappiness; and affords a painful subject for discussion, from the fact that the operations devised for its cure unfortunately have been attended with no very satisfactory results.

This frightful accident is usually the effect of tedious labor, either by the impacted fœtal head pressing the vaginal parietes against the sacrum to such a degree and for such length of time, as to cause sloughing of the recto-vaginal septum, by a direct laceration of that part to a greater or less extent by the fœtal head, or by incautious and awkward instrumental delivery.

However caused, this distressing malady is studied with the deepest interest by the physician and surgeon, as well as the obstetric practitioner; and although this accident may seldom prove fatal, still its deplorable consequences on the keen sensibilities of delicate women are horrid in the extreme.

The diagnosis in such a case is perfectly plain. The want of power to control flatus and fæcal discharges, and their appearances in the vagina, at once point to the nature of the malady. But to determine the extent, size, and position of the artificial opening requires a thorough examination with a speculum.

The chief difficulty encountered in the treatment of this accident consists in the deleterious influence of the leucorrhœal discharges, which are almost always observed, on the one side, and the secretions and contents of the rectum on the other, both of which offer obstacles to union by first or second intention. In addition to these, the deep seated position of the parts, the narrowness of the vagina, together with the *absolute* necessity of freshening the *entire edges* of the opening, render it quite impossible for the surgeon to prepare, with the instruments in common use, the walls of the laceration or perforation with *smooth and evenly incised edges.* And could this be done, to bring them in *absolute contact* by interrupted sutures, lead, wires, &c. introduced, as instructed by authors, is attended with scarcely less inconvenience. In my humble judgment, failing to secure *smoothly incised edges* and an *accurate, absolute contact,* has been *the* cause of the almost total failure in attempting to effect union by the first intention: the only reason why (as M. Velpeau says) "the organism does not respond to the wishes of the surgeon, and persists in spite of the best directed medical treatment."

Where smoothly incised edges are put in *exact contact,* the union is not affected in the least by the secretions of either side.

With the view of rendering the freshening of the edges of the fistula smooth, and the introduction of sutures easy and perfect, I have invented several instruments, to be used and varied according to the extent and direction of the perforation, or opening.

As the anatomy of the parts and a knowledge of the various causes of the accident can be acquired elsewhere, I will proceed at once to give some account of my method of operating, and the instruments to be used; and as the operation for a fistulous opening or laceration is mainly the same, I will commence with the *longitudinal laceration.*

Having previously prepared the patient by the use of gentle laxatives, (sufficiently active, however, to keep the bowels in a soluble condition for several days,) a full dose of opium should be given, the parts well cleansed and washed with some slight astringent. The operation may be commenced by placing the patient in the position for lithotomy, exposed to a strong light; the Speculum Recti (see cut,) is introduced through the anus into the rectum with its ununited edges looking toward the vagina. It will be seen that this instrument is a bi-valve, or finestral speculum, so constructed as to be capable of being fixed by a graduating arc and screw at any degree of lateral extension.

FIG. 1.

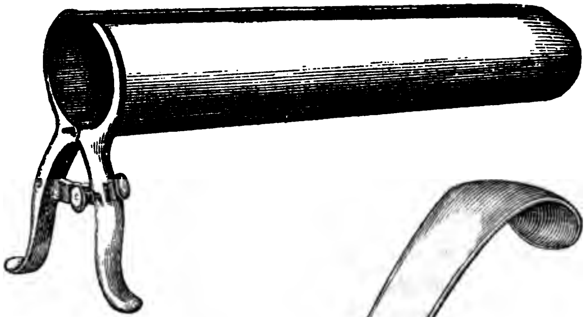
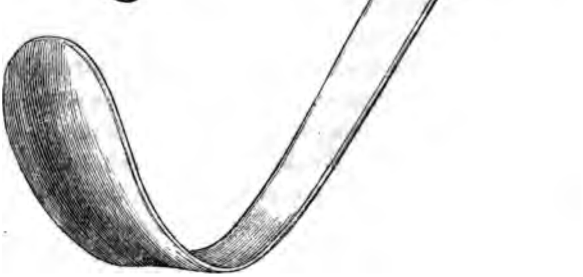


FIG. 2.



The single blade vaginal speculum, Fig. 2, is next introduced into the vagina with its handle resting against the pubis. This being held by an assistant, who at the same time extends the labia on either side, the recto-vaginal septum is exposed to view, and the operator is able to judge of the extent to which the blades of the speculum recti should be opened. When these instruments are properly fixed and the perineum drawn a little down or forward, the fistula of laceration is brought *plainly* to view. Extension and counter-extension is then made upon the walls of the laceration, by passing the instrument fig. 3, (which describes itself) through the speculum recti to the posterior extremity of the opening, fixing its concave end at the angle, the handle being held between the second and third fingers of the left hand. This is pushed forward, while extension is made by the left index finger, or a blunt hook passed behind the perineum when that part is not torn away, and by rat-toothed forceps where perineal laceration exists.

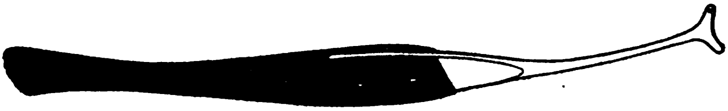


FIG. 3.

The edges of the opening being thus put upon a firm stretch, and removed by means of a small, lance-pointed, double-edged blade, connected somewhat in the form of a tenaculum to a shank four or five inches long, terminated by a straight handle (fig. 4,) which is to be passed along the speculum recti to the posterior angle of the laceration, when it is made to perforate the recto-vaginal septum two lines from the edge, and close to the counter-extender. A slight up and down motion is then given to the knife, while it is drawn carefully forward to the anterior angle of the opening, dividing merely the rounded edge, which need not be separated at either extremity until the cutting is done on the opposite side, when the angles can be divided and the divided part taken out entire, provided the knife is very thin and of a proper width, say three lines.

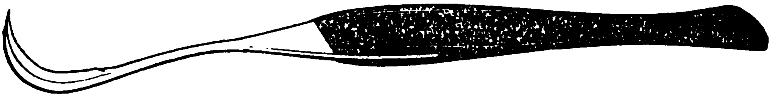


FIG. 4.

Where the fistulous opening is round, the knife should be passed through the recto-vaginal septum at such distance from the posterior edge as may be necessary to form sufficiently acute angles, and give it the "button-hole" shape. In such a case the posterior wall of the opening should be held by a common tenaculum while a perforation is made, when the counter-extender is to be placed in the same manner, and the freshening done as described above. A knowledge of the anatomical structure of the recto-vaginal septum will at once point to the necessity of firm extension, in order to prevent the part from yielding to the pressure and force of the knife.

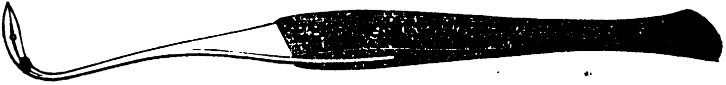


FIG. 5.

After accomplishing this first step of the operation, which may be properly regarded the most difficult, and on which its success mainly depends, the edges, after all bleeding has ceased, (and it will be well to notice here that during the operation the surgeon is not annoyed by the considerable bleeding which always attends it, as the blood drops directly into the speculum recti, and can be washed or wiped away with great facility,) are to be approximated by interrupted sutures introduced by the needle, (figure 5) which, being armed with a waxed ligature, is passed along the speculum recti, its curve resting on the bottom. The speculum recti should be so adjusted as to allow the needle to be inserted full one quarter of an inch from the edge of the opening. The first suture should be introduced quite near the posterior angle, the parts being kept tense, as when the freshening was done. It will not be found necessary to use forceps to confine the part through which the needle is passing, if the walls are drawn sufficiently tense by the extension described above. After being pushed through the septum, the needle is relieved of its thread by long pointed forceps, or a tenaculum, and withdrawn to be armed again and used in the same manner on the opposite side, taking special care that it is introduced precisely opposite the former and at an equal distance from the edge. All additional sutures are to be introduced in the same manner, and secured by a knot made with forceps, or the "lead bead."

It sometimes happens when a laceration is caused by labor, that, on reaching the sphincter ani the rent takes a lateral or transverse direction. In such a case the operation must be terminated as in transverse fistula, where the knife edges and needle eye are turned half round in the instruments to be used, as in figures 6 and 7.

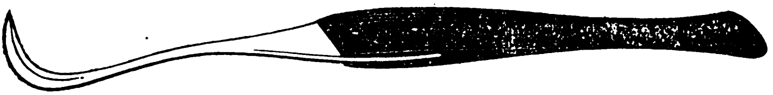


FIG. 6.

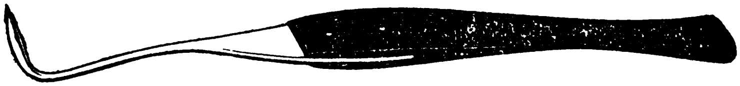


FIG. 7.

Even where the transverse laceration is extensive, the transverse knife can be easily used by rolling the speculum from side to side, as the knife advances. I have not deemed it necessary to give any description of the knives or needles, as the cuts show for themselves; but it will be well to have their curve such as will pass with a little play in the speculum recti when its blades are closed, as the septem will depend slightly over the edge of the speculum blade, when the sutures are introduced.

A laceration, or fistulous opening, treated as I have described, will not be effected in the least by leucorrhœal or other secretions, when well done, as the edges, when smoothly incised and in exact contact, and smeared as they will be with plastic lymph, will be entirely impervious to them, as the cases where I have used this method and these instruments fully demonstrate.

I will report the most important facts of one case. Mrs. ———, at the age of forty-one, was delivered of her first child, some two years since. A few days after her confinement, her physician made the astounding discovery that her uncommon severe labor had produced a laceration of the recto-vaginal septum, extending longitudinally from the perineum upward over three inches. Every precaution was taken immediately, by regulating the bowels, keeping the parts clean, and the patient quiet; but not the slightest improvement was made in the size of the opening. The *entire* discharges from the bowels passed through the vagina.

I operated a few months since, assisted by Dr. F. B. Ayer, using the method and instruments described in this brief communication. The patient was suffering at the time from uterine and vaginal leucorrhœa; and to add to this unfavorable circumstance, a catamenial discharge made its appearance in eight hours after the operation was performed; but notwithstanding all this, the *parts united* save a small opening near the sphincte ani, where a portion of the septum was much thinned down and removed by ulceration. Granulations were kept alive by the application of nitrate of silver until the fistula closed. The bowels were not moved for ten days, and then only once a week during the application of the nitrate. I do not apply the caustic in such cases oftener than once a week, a s a more frequent use will defeat the object aimed at by destroying the delicate and but imperfectly formed granulations.

Respectfully yours,

G. W. Garland.

Meredith Bridge, April, 1854.

CASES OF ANEURISM.

BY W. H. H. RICHARDSON, M. D.

[Communicated for the N. H. Journal of Medicine.]

Popliteal Aneurism: John Morgan, born in Ireland, aged 30, a strong, healthy, man and temperate in habits, first sought medical aid on the 1st of January.

History of Case:—Carpenter by trade. While at work about twelve months since, the scaffolding on which he was standing gave way and he fell to the ground, striking the left leg over the popliteal space, upon an upright piece of timber. Shortly after a swelling commenced at the seat of injury, which grew large and painful, but under treatment it subsided in 8 or 10 days, leaving a small, hard tumor, which has since remained slowly increasing in size. The tumor was about the size of a large walnut, nearly globular in shape, and of a very firm feel; strong pulsations could be felt when the fingers were passed upon it, and these pulsations were synchronous with the pulsations of the heart, and cease when firm pressure is made upon the femoral artery, but the tumor does not sensibly diminish in size. Upon applying the ear, a faint aneurismal thrill could be heard, but this ceased with the pulsations. Both returned when pressure was removed.

Diagnosis:—Popliteal aneurism caused by the rupture of the internal and middle coats of the artery. On the 23d of January, commenced treatment, by compression of the femoral artery, using alternately Dupuytren's instrument and the thumb. Patient was able to bear compression by the instrument, 25 minutes the first time, 30 the 2d and 35 the 3d: the thumb being used in the intervals, which varied from 15 min. to half an hour. Very soon after the instrument was applied, the temperature of the limb fell two or three degrees, but in the course of three or four hours the natural temperature was restored.

Jan. 24th. Compression has been kept up constantly since yesterday. Patient is able to bear the instrument 30 min. this morning without much pain. No pulsation felt in the tumor since half past three this morning. Treatment is borne well and no untoward symptoms have appeared.

Jan. 25th. Treatment continued; pain in the back during the previous night, with restlessness; pulse 63, moderately full; tongue clean; functions regularly performed; took ¼ grain of morphine and slept 3 hours. The instrument is allowed to remain on one hour without inconvenience; no pulsation in tumor.

Jan. 26th. Treatment still continued; pressure moderated so that the patient is able to bear the instrument 3 hours without pain. Leg slightly swollen; temperature natural. A branch of one of the internal articular arteries can be felt very distinctly, pulsating upon the inside of the knee. This is enlarged to the size of the radial artery, or larger. No pulsation has been felt in either the anterior or posterior tibial artery since the treatment was commenced.

Jan. 27th. No change of consequence since yesterday; slight compression borne six hours without pain; leg not much swollen; small branches of arteries felt pulsating on both sides of the tumor.

28th. No particular change since yesterday.

29th. Doing well.

30th. Same.

Feb. 20th. Aneurism pronounced cured. No pulsations; tumor somewhat diminished in size.

Aneurism of the Descending Aorta:—Nicholas Brookman, aged 36, German; shoe-maker, sought medical advice, April 13th. He was of temperate habits and a robust constitution. Complained of pain in the left side of the thorax. The respiratory murmur was weak on the right side, but no abnormal sound could be heard. Chest resonant throughout, but resonance greatest in the right infra clavicular. Pulse 76, strong;—countenance anxious; appetite good.

On the evening of this day, for the first time, the patient was seized with great dyspnœa, almost amounting to suffocation; at the same time a tumor formed over the whole anterior aspect of the neck, but did not wholly prevent the passage of air through the trachea.

On examination, the right side of the chest was found unusually resonant, and no vesicular murmur could be heard. Bronchial respiration audible; a pulsation beneath the right clavicle distinctly felt; respiratory murmur of left side abnormally loud. Action of the heart very feeble; pulse scarcely perceptible; respiration, ten per minute, laborious and gasping. This paroxysm lasted 15 minutes;—decubitus on the left side; could not lie on the right.

Patient took ten grains of Dover's powder and rested one hour; was then seized with a similar paroxysm, which lasted 10 or 15 minutes;—he rested two or three hours during the night, and next day appeared comfortable.

On the 15th, at 12, M., the patient was seized with similar paroxysm, and died immediately.

Autopsy, one hour after death.—A few pleuritic adhesions existed upon both sides of the chest:—The right pleural cavity contained 25 ounces of bloody serum and 20 ounces of clots of blood. At the summit of the chest the costal pleura was dissected from the ribs, forming a sack nearly as large as the heart:—right lung collapsed. On opening the neck the tumor was found to be composed of extravasated blood, situated beneath the deep seated fasciæ. Heart and pericardium healthy;—lungs healthy.

The descending aorta opposite the base of the heart was distended into an aneurismal sack, and the bodies of the 3d and 4th dorsal vertebræ were affected by necrosis.

The aneurism probably burst on the 13th, the night on which the first paroxysm occurred.

The blood passed up the mediastinum, and, dissecting the costal pleura from the ribs, escaped into the loose cellular tissue of the neck, causing the tumor.

MEMOIR OF DR. JOSEPH NICHOLS.

[From the Boston Medical & Surgical Journal, by request of the author.]

Dr. Nichols died of pulmonary consumption, on the 18th of May, 1853, at his residence in Springfield, N. H. He was born in the same town the 24th of Dec., 1796. Like many of New-Hampshire's ablest practitioners, he has left no record of the struggles or the numerous obstacles he had to encounter in his progress up the "hill of science;" and, what is a greater loss to those who are striving to attain the same eminence in professional skill and usefulness, has left no written summary, either as a guide or synopsis of his vast amount of experience.

The following sketch is drawn from personal observation, and it was gathered from him while a student in his office, and in my professional intercourse with him since my pupilage. His elementary and professional education was limited to his own efforts; yet, by the most rigid economy and persevering industry, he obtained what was then considered, a "good English education." He commenced the study of medicine in the office of Dr.

Graves, of Deerfield, N. H., completing his course at Dartmouth Med. College, under the tutorship of Prof. Mussey. In 1820, Dr. Nichols began the practice of medicine in Springfield, among his friends and neighbors, and there continued to practice so long as he was able to ride. A mind of peculiar mould, of superior native strength, intuitively discriminating, and of a commanding turn, at once fitted him for that position in society which he afterwards so eminently maintained, both as a physician and townsman.

Industry was a leading trait in his character. He took an active part in every thing pertaining to the general welfare of the town, and the prosperity of his fellow citizens. Possessed of strong and vigorous intellectual powers, always active and always acting upon a fixed purpose, he accomplished a large amount of intellectual and physical labor.

The superintending of his farming interests; attending to calls at the office, visiting the sick in and out of town, doing business as town officer and justice of the peace, constituted his daily routine of mental and physical labor for over thirty years. His great variety of business talent enabled him to accomplish what, to men of one "ideaism," seemed impracticable if not impossible. Being a justice of the peace nearly as long as he was a practitioner of medicine, there being no "limb of the law" in town, he was constantly being called upon to make out legal papers, and frequently to act as judge and advocate. The writer has known him employed as legal counsel, and though opposed by the able lawyers of Sullivan, Grafton and Merrimack counties, to act with success and win laurels of credit, for his legal acumen, the acuteness of his perceptive faculties, and his general intelligence. As a justice of the peace, member of the State Legislature, and town officer, he was indefatigable in his efforts for the administration of justice and for the interests and welfare of those whose servant he was. In a word, the great "motive power" that raised him from obscurity and poverty, to a noted respectibility and usefulness, was his untiring energy and industry, directed by a shrewd sagacity that marked all his movements. But around his medical career hovers the brightest halo, the effulgence of which, like the western sky at sunset, is now rendered more glorious by the reflection that lingers behind. In this sphere his usefulness was more generally known, and had the most lively appreciations. In him the sick recognized a superior mind, keenly alive to their wants. Kind and sympathizing in his manner, bland and persuasive generally, yet sometimes stern, and even blunt in expression; controlling the sympathies, anxieties and hopes of his patients, the confidence of the community was secured to him, and his success rendered signally triumphant. At the sick bed he was calm and peculiarly self-possessed; discriminating in his diagnosis, vigilant in watching the development and progress of disease; and by that "intuitive tact," known only to those who possess it, he often foresaw and avoided those unfavorable symptoms which too frequently go on to a fatal crisis. He studied his cases with great care, both by observation and reflection; and in peculiar and anomalous freaks of nature's morbid operations, his well selected and extensive medical library was searched for its information and counsel in the mysteries of the "healing art." Though Dr. Nichols' earlier professional education might be considered limited, yet his persevering industry, coupled with the constant habit of comparing his cases with those on record, aided by a strong and retentive memory, made him, what he really was, a well read physician.

As a consulting physician, he was punctual, constant and honorable. Of a scientific turn of mind, he gave no countenance to quackery, either in or out of the profession, but was not an admirer of that squeamish nicety, which is said to be more "nice than wise," and which aids quackery more than science. Among his professional brethren he was popular and respected, both for his gentlemanly bearing and professional attainments. Naturally facetious, and possessing a large fund of humorous and instructive anecdotes, the good will of all classes was secured to him. This, combined with superior ability and a good share of practical acumen, made him at once a successful and popular man. Dr. Nichols wrote much as a business man, but little as an author. His leisure moments, and much of the time when "nature's sweet restorer" should have been his only companion, were occupied with his non-professional duties. His extensive field of practice, together with his frequent consultations, calls into neighboring towns and counties, gave him but little quiet and repose. Many a time has the writer taken the reins from his powerless hands, driving gently for miles, that the sweet repose which "tired nature" sought from "balmy sleep" might not be interrupted. An asthmatic diathesis, constant labor and exposure in the severe of our climate, early developed a disposition to pulmonary disease. For years his "lung difficulty," as he called it, harassed him more or less, and for the last three or four years he was often confined during the coldest weather. During this period his wasted frame and apparent premature old age, proved a lamentably true index to the sequel. He died comparatively young, in the midst of his usefulness, and in the vigor of his manhood, aged 54 years, 4 months, and 24 days. M. C. HOYT.

Bristol, N. H., Feb. 14, 1854.

OBSTETRIC MEMORANDA.

BY B. FORDYCE BARKER, M. D.

On the Induction of Premature Labor.

The propriety of exciting the gravid uterus to prematurely expel its contents, is at the present day no longer questioned in those cases where the life of the mother is jeopardized by the continuance of the function of gestation, and in certain cases where there is a chance of preserving the life of the fœtus by so doing, which would be impossible, from mechanical causes, at full term. The methods by which this has been effected are, puncturing the membranes, separating the membranes from the os and cervix uteri, dilatation of the os uteri by sponge tents, and the administration of ergot.

In the January No. of the "Medical Times and Gazette," Dr. Francis H. Ramsbotham, of London, gives a table of fifty-five cases in which the ergot was given for this purpose, and another of thirty-six where labor was induced by puncturing the membranes. Dr. R. believes that no means yet devised is of such easy application and is liable to so few objections, as the use of ergot. But we believe that an analysis of his tables will hardly lead to the same conclusions in the minds of others. That ergot will induce uterine action, is, however, clearly established. But in some cases it was necessary to repeat it in full doses very many times, before any effect was produced. Many of the patients took more than twenty full doses, at intervals of four or six hours, before the effect was obtained. One took forty-eight and another sixty doses. In eight cases, the ergot failed to exert its specific influence on the uterus. The table also demonstrates that the ergot in some instances has a prejudicial influence on the fœtus in utero. Of the thirty-three children born alive, five died in convulsions speedily after birth. In many of the twenty-two cases of still-births, the mothers declared that they were quite sensible of the moment when the fœtus within them ceased to exist. Dr. R. believes it is a universal principle, that whenever it fails to produce uterine contractions, it is equally innocent of any deleterious effects on the economy of the fœtus.

Professor Kiwisch, of Wurzburg, proposed the use of the warm uterine douche. A gallon or two of warm water of a temperature from 96° to 116° is injected continuously upon the os uteri, twice a day. In some cases two or three douches suffice to induce actual labor pains. In other cases, where the excitability is less, six or eight douches were required. Dr. Tyler Smith has reported a case in which he successfully resorted to the alternation of the hot and cold douche, by means of a syphon. I have had occasion to recommend the premature excitement of uterine contraction in three cases. In one case at the twenty-*second week, on* account of the excessive and constant nausea and vomiting; in the second case, at the fourth month, from the intense suffering and danger resulting from the development of the uterus chronically inflamed; and in the third, at the thirtieth week. This patient had complete amaurosis, succeeding eclampsia. When I saw her she had been perfectly blind for a week. The urine was deficient in quantity, and highly albuminous, and she was extremely anæmic. In these cases the injection of a large quantity of cold water into the vagina, repeated every three or four hours, was sufficient to induce uterine contractions. In one case, labor came on the second day, (they were allowed to rest undisturbed during the night;) in the other two, it came on the third day. Scandoni, of Wurzburg, has induced premature labor by irritating the nerves of the mammary glands, by means of the breast-pump.

In the Nashville Journal of Medicine and Surgery, Dr. Washington asserts that dry cupping, applied to the lowest part of the sacrum, produces dilatation of the os uteri, and applied higher up, contraction of the uterus. In a case where the pains had endured fourteen hours, without producing any perceptible effect, in consequence of rigidity of the os uteri, Dr. Washington applied a dry cup as low down on the sacrum as possible, so as to cover the origin of the nerves to the os uteri. Complete relaxation ensued; at the next pain, the head descended to the outlet, and with the second pain the patient was safely delivered, and that in less than ten minutes from the application of the cups. We are not aware that this method has ever been tried for the induction of premature labor. In conclusion, I should say that as a rule of practice, the douche should be preferred in those cases, 1st, where the operation is necessary in the early months, on account of excessive vomiting, occurring to such an extent as to threaten life by starvation and debility; 2, in those cases where the operation is necessary in the latter months, in order to save the child, on account of some mechanical obstacle to delivery at the full term. But in those cases where the operation is necessary in the latter months, in order to save the life of the mother, on account of dangerous oppression of the circulation or respiration, or excessive vomiting, or draining hæmorrhage from partial separation of the placenta, or from insanity or convulsions, puncturing the membranes is to be preferred, as the evacuation of the liquor amnii frequently affords immediate relief. The only objection which has been urged against the douche as a means of inducing premature labor, is the facility, certainty, and safety with which it could be made use of for criminal purposes, were it generally known to the public.

Prof. Simpson has published a very interesting paper on "*Morbid deficiency and morbid excess in the involution of the uterus after delivery.*" The physiological development of the uterus during the nine short months of pregnancy is forcibly stated in the following language: "**During the forty weeks of utero-gestation, the uterus enlarges from nearly 3 inches in length and 1¾ of an inch in breadth, to 12 or 15 inches in length and 9 or 10 inches *in breadth*. It increases from about 2 ounces in weight to 25 or 30 ounces.**

The cavity of the uterus before impregnation is less than one cubic inch; while at the full term of pregnancy it is extended to above 400 cubic inches; and the surface of the organ increases from about 5 or 6 square inches to nearly 350 square inches. Before impregnation, the uterine cavity would not hold above a drachm or two of fluid; at the ninth month of utero-gestation, its contents usually weigh from 120 to 150 ounces."

While forty weeks are requisite for the full development of this condition, from four to eight weeks usually suffice to decrease this organ to its normal, unimpregnated condition. Professor Retzius, of Stockholm, has found, in a series of anatomical and histological observations on this subject, that the process of absorption of the walls of the puerperal uterus is preceded, as absorption of other deposits is, by fatty transformation of its component fibres; and that the blood, during puerperal convalescence, shows under the microscope a corresponding superabundance of globules or granules of fat. But in some cases, there are various pathological derangements which retard the uterus in regaining its normal dimensions. Most practitioners must have met with cases which Prof. Simpson describes as "morbid permanence of the state of puerperal hypertrophy." But he is the first to describe an opposite condition of the uterus, following pregnancy, viz., permanent atrophy producing amenorrhœa.

Inversio uteri. In the Buffalo Medical Journal (Nov., 1853,) appended to the report of a case of this serious and alarming accident, Dr. Hunt gives an analysis of sixty-seven cases, which have been recorded. Dr. Hunt's paper is a valuable contribution, its only defect being, in our judgment, a neglect to give the sources from whence he obtained these sixty-seven cases. It has been a mooted question, whether, in those cases where the placenta is adherent, the uterus should be replaced with the placenta still attached, or whether it should be first detached, and then the uterus reduced. As Dr. Hunt remarks, the weight of authority is in favor of the former method of procedure, the argument adduced in its favor being the danger of increased hæmorrhage attendant on the removal of the after-birth. But Dr. H urges the following reasons for first detaching the placenta.

First. The attempt to return the placenta very much increases the difficulty of reposition. *Second.* When successful, it leaves a formidable difficulty to be still encountered. *Third.* It does not decrease the danger of hæmorrhage. Of these sixty-seven cases, thirteen terminatd in death. In four, death occurred *before* reposition. Three of these died from hæmorrhage, and one from nervous exhaustion with slight hæmorrhage. Four deaths occurred immediately *after* reduction. One from hæmorrhage; the placenta having been returned with the uterus. Three died from convulsions. The remaining five deaths were in chronic cases. Thirty-two of these cases were irreducible; ten of these resulted in spontaneous cure. In five of these cases, gangrene occurred, and "singularly enough, all of these cases resulted in what may be called a cure; that is, the cases recovered from this amputation by natural process, and regained a comfortable general health." Dr. Hunt found no cases which were fatal from gangrene. Five of these cases were cured by spontaneous reposition of the organ. In four cases, ligation was successfully performed. Six were "extirpated" successfully. Four cases of ligation were fatal. Of the termination of the remaining eight there is no record, except that two are quoted as in comfortable health, years after the accident.

Dr. Hunt sums up the causes of inversion, its treatment, and its terminations, in the following propositions:

"The liability to inversion decreases, but not to any marked degree, with the number of children which the woman has borne.

"That no one cause can be assigned as universal; but that the complication of a short funis with a rapid labor, the erect posture when delivered, and a large quantity of amniotic fluid, are the conditions most frequently present as causes.

"Inversion may occur without neglect or undue interference on the part of the accoucheur.

"The placenta is adherent in a large proportion of cases.

"When adherent, it should be removed prior to any attempt to reduce the inversion.

"Such removal of the placenta does not increase, but rather decreases, the risk of hæmorrhage, while it retards and renders difficult the reduction.

"Hæmorrhage does not occur to any more fatal extent than does convulsion or syncope.

"All cases in which convulsion occurred were fatal. There is little danger of metritis occurring after reduction.

"Reduction increases in difficulty with the length of time which elapses before it is attempted. Partial inversion is less easily detected, but more readily reduced, than complete.

"No operation for extirpation should be resorted to until it is evident that life is endangered.

"A sufficient number of cases occur, in which either gradual diminution in the size of the organ, or spontaneous reposition, occur, to justify and demand a delay of any operation for extirpation, until it is urgently called for by the imminent danger of the patient.

"The operation by ligature involves less danger than that by excision, and is therefore preferable to it.

"An operation is more frequently necessary in partial than complete inversion, and is at the same time less dangerous.

"Finally, under judicious local and general treatment an inverted uterus may often exist, for many years, without great loss of locomotion or of usefulness, and with a comfortable degree of general health."

In our cotemporary, the "New York Journal of Medicine," Dr. Elisha Harris, of this city, has published a capital paper on the "*Pathology of the cervix uteri in those conditions attended with leucorrhœal discharges.*" Although we could hardly endorse all the views and opinions of Dr. Harris, we could almost recommend his paper as a model for a "Report on acute and chronic diseases of the neck of the uterus." We most heartily concur with the following conclusions of his paper:

1. "Leucorrhœa is a prominent and a very constant *symptom* of local congestive and inflammatory affections of the uterine organs, especially of the os and cervix uteri, attended more or less constantly by structural lesions, and by important constitutional complications of which the local affections may be either resultant or causative.

2. "That, whatever may be the anatomico-pathological lesions, and whatever the constitutional complications in cases of leucorrhœa, the most common and the most important seat of the leucorrhœal discharge is in the highly vascular, glandular structure of the canal of the cervix uteri.

3. "That, from the extensive and all-controlling sympathetic relations of the uterine organs, it is found that any morbid changes in these organs, whether primary or secondary, re-act unfavorably, and with great certainty, upon the general health, especially upon the digestive organs and the nervous system; and, *mutatis mutandis*, the same principle holds true of primarily unhealthy conditions of the nervous system, the digestive, etc., as causative of uterine disease.

4. "And consequently, that in the curative treatment of any affection that is complicated with any forms of uterine disease, it is undispensably necessary to attend to the constitutional relations of such disease, while it is equally important to address suitable remedial agencies directly to the local alterations or lesions of the uterine organs.

5. "That the most extensive and reliable experience of the medical profession has demonstrated the utility and essential importance of attending to the local as well as the constitutional treatment of those diseases of females attended by discharges, and that to do this properly and efficiently, the highest interests of the patient demand the appropriate use of dioptric, instrumental examinations of the seats and nature of the local lesions."

Prof. Shanks, of Memphis, has published in the "Medical Recorder" a series of excellent practical articles, "*On the Relations of Uterine and Constitutional Disorders as Cause and Effect.*" There are no salient points which we can select for extracts, but we hope to see these papers collected in a small volume. We think their usefulness should not be limited to the circulation of any Medical Journal.

In the February number of this journal, Dr. Sims relates a case of vesico-vaginal fistula, in which the fundus was retroverted, and the os tincæ was thrown forward under the arch of the pubis, opening into the cavity of the bladder. The cure was effected by closing up the fistula in the bladder with the os uteri.

Dr. Sims regarded this case as perfectly unique, at the time the article referred to was written; but since that time he has met with another case precisely of the same character. The patient, aged forty-one years, was confined with her first child two years ago, and was in labor forty-eight hours. She was sent from the country to Dr. Mott; and, through his courtesy, the case was turned over to Dr. Sims. In presence of Dr. Mott, the operation was performed, Jan. 10th, 1854. She lay in bed fourteen days, and then got up perfectly well. Four days later, that is, eighteen days after the operation, the menses appeared. The menstrual discharge passed into the bladder mingled with the water, and passed off as bloody urine without any inconvenience at all. We had the pleasure of examining this patient, Feb. 12th, and found the fistula perfectly cured.

We regard these cases as among the most brilliant achievements of conservative surgery; and in other countries they would secure for their talented author a brilliant professional success and merited honors.—*American Medical Monthly.*

ON THE CAUSES ASSIGNED AS PRODUCING SCIATICA.

At a meeting of the Medical Society of London, Feb. 28, Mr. HANCOCK read a paper on SCIATICA.

He alluded to the various causes assigned as producing sciatica—viz. disorder of the stomach and bowels, inflammation and disease of the sciatic nerves, syphilis, gout, obstruction and distraction of the capust coli, tumors, or accumulated fæces in the course of the nerves, effusion of fluid into the sheath of the nerve, irritation and disordered state of the kidneys, and rheumatism, either acute or sub acute; but that, from the cases which had fallen under his observation, the prevailing opinion appeared to be that sciatica depends mostly upon rheumatism—an opinion which he considered erroneous; as, having had ample opportunities of arriving at a conclusion, he felt convinced that the cause most productive of the complaint was irritation within the pelvis, either from loaded colon or cæcum, or from tumors formed within that cavity; or, as had been suggested to him by his friend and colleague, Mr Geldsbow, by the hæmorrhoidal vein, which, forming a complicated plexus over the sacral plexus of nerves, would, when congested and engorged, cause undue pressure and irritation of the nerve; that although he would not presume to assert, in opposition to the high authorities who differed from him, that the disease never depended upon rheumatism, still he maintained that it so seldom did so, as to constitute the exception to the general rule, and not the rule itself. Mr. Hancock then enumerated some of the modes of treatment recommended, such as bleeding, cupping, calomel and opium, colchicum, quinine, carbonate of iron, Indian hemp, acupuncture, actual cautery, blisters, moxas, puncturing the limb, and introducing morphia and creosote into punctures. He did not consider the disease difficult of cure; on the contrary, he had found it readily and speedily yield to the remedies he had adopted, which consisted in thoroughly purging the patient with small doses of croton oil, combined with blue pill, henbane, and compound extract of colocynth, and removing the sensation of bruising in the course of the nerve by the sulphate of quinine, in doses of three grains thrice daily. He had commonly given croton oil, because he had found it useful and convenient, but he did not attach any specific influence to this medicine, as he had found equally good results from turpentine and castor oil, the aloetic purgatives; and he considered that any medicine acting upon the lower intestines would be of service. He did not consider local applications at all necessary, but that they were frequently injurious, by adding to the patient's sufferings. He narrated five cases which had fallen under his care, having been previously treated for rheumatism by the remedies appropriate for the affection, but without success. In one, the sciatica had existed for nearly two years; in another, for above twelve months; and in the remainder, from four to two months. The most obstinate of these was cured in three weeks, and the remainder in a fortnight—the latter period being that usually required. He could give many more cases of a similar character, but he thought those he had described were sufficient to prove the validity of his position, that in a vast majority of instances the disease did not depend upon rheumatism, but upon the causes which he had already alluded to; and he directed the attention of the Society to an interesting fact, which he had not found noticed elsewhere—namely, that sciatica almost always occurred on the right, and very seldom indeed on the left side of the body; and when it did he believed it was caused by impaction in the sigmoid flexure of the colon. In the majority of cases the affection commenced with stiffness, weight, and pain in the lumbar region, resembling lumbago. He was inclined to attach some importance to this fact, as affording a means of diagnosis between those cases depending upon loaded intestine and those resulting from tumor in the pelvis; and that where this symptom is absent, it is desirable to institute a careful examination, not only above Poupart's ligament, but in the perineum within the tuber ischii, and also by the introduction of the finger within the rectum. He had in two instances detected the existence of tumor in the pelvis by adopting these measures; and he thought this the more desirable, from the importance of avoiding irritation as much as possible in cases of this description.

Dr. Crisp asked if the sciatic nerve was affected in all the cases referred to, since the author had spoken of the disease as an affection of the leg. On receiving an affirmative answer, he expressed an opinion that, on many grounds, the disease could not arise from pressure upon the nerve. He characterized it as one of the most excruciating of all affections, and yet is oftentimes induced by a breath of air or a mental emotion. It is also induced from malarious influences, as attested by all writers, and especially by those who had practised in malarious districts; and perhaps even the author's instance in which two brothers were affected was confirmative of this statement. He thought, on anatomical grounds, that the theory could not be sustained, since the disease was not met with in those cases in which pelvic tumors and alvine obstructions were known to exist. In reference to the influence of sex, he affirmed, in opposition to the opinion of Dr. Copland, that the disease is more frequent in males; and accounted for it on the ground that they are more exposed to changes of temperature. He then referred to the remedies which had been recommended, and approved of the rapid and repeated application of the actual cautery; of heated air, as adopted by Dr. Downing; and of the endermic application of hydrochlorate of morphia to a blistered and denuded surface.

Dr. **Daniell** considered that the author had been illogical in assuming that, because his treatment had been beneficial in a few cases, it would relieve in all, thus inferring the universal from the particular. If the author limited himself to such forms of sciatica as are accompanied by lumbago, he (Dr. Daniell) was of opinion that the whole profession could testify to the value of purgatives in a majority of such cases. If, however, the author spoke of sciatica in general, he could affirm, with all other authorities, that it arises from many and varied causes, and calls for different plans of treatment. If a patient be subject to rheumatism, or gout, or syphilis, he thought it fair to infer that these affections would give rise to or modify the attack of sciatica. In reference to treatment, he remarked that many patients were too enfeebled to bear the action of purgatives, and would be more relieved by a tonic plan of treatment.

Mr. **Clark** stated that he had recently attended a robust patient in the employ of a clothier, and had treated him ineffectually by all the ordinary modes. At length, however, on the suggestion of his assistant, he had adopted Mr. Hancock's plan of treatment, and had cured his patient in three weeks. He had given four doses of croton oil, and had obtained copious evacuations. The disease affected the right leg.

Dr. **Camps** considered that the error into which the author had fallen—that of inferring generals from particulars—was very common in the profession. He further was of opinion that the author had begged the question when he inferred the existence of pressure from fæcal accumulation, simply from purgatives having brought away fæcal matter. Relief obtained from the action of purgatives is equally observed in rheumatism, and a variety of other diseases, in which there is no assumption of pressure from accumulation. He approved of the exhibition of purgatives, and especially of colchicum, but considered that the treatment must be varied, according to the cause of the disease. He reminded Dr. Crisp that although sciatica is a most painful affection, we cannot say that it is the most painful, since we have no means of measuring degrees of pain.

Dr. **Richardson** opposed the author's views, by stating that simple pressure upon a nerve does not give pain. Moreover, the pains in sciatica are commonly intermittent, and the remedies proposed by the author—viz., croton oil as well as turpentine, have equally good effects upon tic douloureux, and other affections of distant parts, as of the face.

Dr. **Lankester** was entirely at issue with the author, both in principle and practice. He regarded sciatica as a nervous affection, and considered, therefore, that the principle of treatment should be that applicable to the treatment of diseases of the whole nervous system. This the author had overlooked. He considered that the author had not proved his position that sciatica depends upon the pressure of fæcal matter upon the nerve; for the passage of fæcal matter after the exhibition of a purgative is no evidence that there was fæcal accumulation, much less that the pressure caused by it had induced the pain. He had also omitted to show that the disease exists in connexion with known pelvic and intestinal tumors and fæcal accumulations. He further objected to the assumption of generals from particulars, as made by the author, and believed that purgatives would be equally beneficial in the treatment of any neuralgia. This benefit he would attribute, not only to their direct action, but to the indirect one following the action of all purgatives and depressants—viz., that of increasing the effect produced by quinine, opium, and other powerful remedies. The author had also used the quinine after the purgatives, and the cure was probably due to that remedy. In reference to the author's selection of croton oil, he reminded the fellows that Dr. Allnut had recently written a work to prove the good effects of that purgative in all cases of neuralgia, and had shown that it had given relief where all other purgatives had failed. Dr. Allnut, however, was not prepared to state whether it relieves simply by its purgative action or by some general effect upon the system. He then showed that while colchicum and croton oil, and every other remedy, may fail to effect a cure, the patient will subsequently get well without any remedies whatever. He believed the disease to arise, not from one cause only, but from many causes; and stated that in the rheumatic diathesis there is a manifest tendency to sciatica and other neuralgic manifestations.

Mr. B. **Childs** explained that the author had probably intended to attribute the sciatica, not to pressure, but the irritation set up by the presence of scybalæ, and stated that hip-pains in cases of hip-disease and lumbar abscess were commonly relieved by injections into the rectum in the treatment of patients at the Margate Infirmary.

Mr. **Gay** objected to the author's deductions, but commended the practical character of the paper. The comparative infrequency of sciatica in relation to pelvic tumors and distension of the bowels, was opposed to the author's theory. Moreover, Morgagni had shown that pressure on a nerve alone will not give rise to pain. A cyst in the sheath gives no pain, so long as pressure, only is exerted, but when irritation arises, pain is produced. He, therefore, thought that irritation of the nerve must exist with or without pressure, whether the cause of the sciatica be rheumatism or obstruction of the bowels. In addition to the existence of the cause of the irritation, the nerve itself must be in a condition to be iritated. He had found great benefit from the use of cupping-glasses, with or without scarification.

Dr. **Webster**, with the previous speakers, differed from the author in opinion as to the cause of the disease, but approved of the practical remarks contained in the paper. He approved of the plan of treatment whereby purgatives, as colchicum, are first given, and then tonics administered, and the more so in malarious cases. He cautioned the fellows as to the employment of the endermic plan of treatment, by giving the particulars of a case in which the patient had symptoms of poisoning, following the application of belladonna to the denuded surface. He believed the right leg to be more frequently affected than the left, and men than women.

Dr. **O'Connor** expressed his disappointment at the paper, since the author had not limited his treatment to those cases of sciatica which accompany accumulation of fæces, but had affirmed it to be applicable to that disease in general. He also showed, that even so far, the author had been anticipated by Sir Charles Bell and Dr. Allnut. He then expressed his conviction that the disease arises from very varied general causes—as rheumatism, gout, dyspepsia, and syphilis, and will not then yield to purgatives. He commended quinine and opium, on the authority of Drs. Corrigan and Graves, and Mr. Morris; and affirmed iodide of potassium and colchicum to have relieve when purgatives and other remedies had failed. He had frequently used the hot button heated under a red heat, and passed rapidly along the course of the nerve with great advantage; and also the hot air, and hot water douche of Dr. Graves.

Mr. **Childs** had often used the button, heated to redness, without any benefit.

The **President** referred to Dr. Graves's personal experience of sciatica, and reminded the fellows that that distinguished physician had been cured of sciatica by iodide of potassium and sarsaparilla, after the failure of all other remedies had determined him to withdraw from the practice of the profession. He also remarked that he (Dr. Winslow) had been a martyr to sciatica on various occasions. He had taken it from sleeping in a damp bed at Birmingham, when on his way to hold a consultation with Sir. C. Hastings, at Droitwitch, and had tried every remedy without benefit, until he had invalided himself for three weeks at Bath, when he was restored to health by the use of galvanism in the Bath waters. In reference to the influence of pressure upon a nerve as a cause of pain, he stated that when the nerve is encysted, the acupuncturation of it has given immediate relief. M. Velpeau had cured sciatica by applying the actual cautery to the external ear.

Dr. **Daniell** stated that the treatment to which the President had attributed his cure was that ordinarily adopted at Bath.

Mr. **Potts** related the particulars of a case in which the daily application of galvanism had cured, after the author's and every other mode of treatment had failed. This he considered to be a case of pure neuralgia. The patient was a man, and had the right leg affected.

Mr. Hogg had employed the author's plan with great success in several cases; and related the particulars of one case of sciatica with lumbago, in which, after having tried every remedy ineffectually for four months, Mr. Hancock had cured it by the administration of three doses of the croton oil. In a case of sciatica complicated with ascites, he had found relief from the exhibition of elaterium.

Mr. Hancock, in reply, stated that he had not overlooked the fact of irritation in connexion with pressure being a cause of sciatica, and believed it to be excited by the peristalic action of the loaded bowels. He did not deny the existence of other causes of the disease, but considered them to constitute the exceptions.—*Dublin Medical Press. from Med. Times.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, MAY, 1854.

Personal. Our readers will bear witness that we do not often task their patience with our personal affairs; but as the present number carries us nearly half way through the volume, we may perhaps be pardoned for calling their attention to the Journal; and its claims, (if it has any) to their kind consideration and assistance.

We assumed its control, and the risk attending its publication, with many misgivings; but having decided to carry it on for the year, we have taken some little pains to bring it to the notice of some of the profession previously unaware of its existence, by causing surplus copies to be sent to the address of such Physicians as came to our notice.

This was done, not to force it upon any, but to give it a fair chance for life, and also give every one an opportunity to subscribe, if they chose.

The propriety of this course, its success, which has far exceeded our most sanguine expectations, has proved: for we have received names and dollars to such an extent that one third of our present list is composed of *new* subscribers to the present volume. And with these names we have received such kind words of approbation and encouragement as cannot fail to stimulate us to a renewed effort to merit a continuance of their good opinion.

The permanancy of the Journal being a fixed fact, our chief attention will be devoted to its improvement. To this end we call upon our friends,—the friends of the Journal and all interested in medical progress,—to lend us their aid, and that all may feel a pecuniary interest in the matter, we pledge ourself to appropriate every dollar received for the Journal, to its improvement.

Come on, then, good friends. Persuade your neighbor to send us his dollar and *persuade yourself* to write a good original communication. We offer you a ready medium for free interchange of thought; why not avail yourselves of it? Why shut up the rich volume of your experience, to grow rusty and fade away to no profit to the world?

To any one receiving this No. who choses to send us his dollar for the current year, we can only say that we shall *try* to make the remaining numbers such as will give him the worth of his money.

State Medical Society. Before our next number will reach its readers, the sixty-fourth annual meeting of this Society will have taken place. It is fitting we should say a word in connection with this event, to those of our readers who have never become members, in relation to the objects to be accomplished by the Society, and ask each to seriously consider whether he is in the performance of his whole duty to the profession of his choice, while withholding the aid which his membership and influence would render the State Society.

We are well aware of the reasons urged by many physicians of this State for standing aloof, but have yet to hear the first which should not rather lead to an opposite course.

Our Society is not to be regarded as perfect, but how is it to be improved and its influence increased, if those who see its wants most clearly stand at a distance and raise clamoring cries of censure and disapprobation of the doings of an association to aid which they have never raised a hand or expended a sixpence.

No one will deny that a "State Medical Society" is essential to the prosperity of the medical profession;—therefore, if ours is properly conducted, all regularly educated physicians should avail themselves of its advantages; if it is not, then it is high time for *all* to take hold and make it what it should be. We have no patience with those who maintain the position of alarmists, while destitute of any disposition to aid in removing the evils they so loudly decry.

The "New-Hampshire Medical Society" has done very much to advance the interests of legitimate medicine within this State, and we would claim credit for being prompted by a sincere desire for its welfare in all we say or do in relation to its management. Each member has an equal right to urge adoption of such changes as the progressive character of medical science demands; and we may therefore hope to be pardoned for our endeavor to excite a thought in the minds of its members as to the possibility or probability of taking measures to enhance the usefulness of this time honored association.

We are well aware that this is a delicate subject, and that any very decisive effort to improve upon our old routine will be looked upon by many as the manifestation of a restless desire for change. Nevertheless, we feel it our duty to suggest, for the sober consideration of its members, that we make no such sign of profitable existence as the medical public have a right to expect from the State Society of New-Hampshire.

New-Hampshire intellect is considered as good as any,—we boast that we raise men as good as the best, and certainly no State has reason to be prouder of those of its children who have gone abroad, than ours. The ranks of our profession in other States embrace many favorite sons of New-Hampshire, and we have at home those of whom we have equal reason to be proud.

It will not be denied that we have among the members of our State Society equally strong minds as any who have emigrated; and we know no good reason why we should be longer subject to the taunts of "outside barbarians," as to our inefficiency.

Our annual meetings are both pleasant and profitable, and have become more and more interesting at each successive anniversary; but too much there said, however valuable, being unwritten save on the "treacherous tablets" of the brain, is lost to all but a few retentive memories.

This should not be so, and it behooves us to take into consideration the various measures proposed to increase the usefulness and influence of the Society.

The most prominent and promising of the measures seems to us to be the publication of our Annual Transactions. The pages of this Journal have always been at the service of the Society, and will continue to be, so far as may not conflict with the interest of the large body of our readers. They may be made use of in future, or the Society may, as do some other State Societies, publish an annual volume. The same course which proves productive and profitable in other States cannot fail to be equally so in ours.

Secondly, as to means, should the latter course approve itself; our annual tax is amply sufficient, if our tavern bills were limited as they should be, to the expense of the annual dinner; and we must be allowed to protest against the inequality of boarding and lodging a few members for a length of time which more than absorbs their annual assessment, while the majority are present only at the dinner. We have hoped for several years to see this matter set right.

We are led to hope for much good in the future of our Society, from the progressive interest and value of its meetings, and we ask that our remarks may be received in the same spirit in which we have penned them; which is that of hearty devotion to the best interests of the Society.

A REPORT ON THE HEALTH AND MORTALITY OF THE CITY OF MEMPHIS, *for the Year* 1853. BY CHARLES T. QUINTARD, M. D. *Published by order of the City Council.*

Prof. Quintard is one of the comparatively few who view the duty of the true physician as extending beyond the mere feeling the pulse and writing a prescription. He seeks to benefit his profession by benefitting the human race. This Report extends to 32 pages, and embraces an amount of vital statistics—"facts and figures"—which will be of value in all coming time. We transcribe the first three pages, as they furnish food for reflection for a thinking mind, whether within or without the pale of our profession.

"That the discoveries which have been made during the past half century as to the nature and treatment of disease, have increased the average longevity of human life, is a fact which no one will dispute who has paid any attention to the great improvements in the science of medicine. In a 'Report on the Health and Mortality of Memphis, for 1852,' which we had the honor of presenting to the Memphis Medical Society, we took occasion to refer to this fact, and stated, that, while in the latter part of the sixteenth century, one-half of all that were born died under five years of age; and the average longevity of the whole population was but eighteen years: at the beginning of the present century, one-half exceeded forty years. In a very able report on the vital statistics of Boston, by Dr. Lemuel Shattuck, published in the *American Journal of Medical Science*, for 1841 the author compares the ratio of mortality in that city, to the population, during a portion of the last century, with that prevailing at the time he wrote, or after an interval of one hundred years; in the former period there was one death to about thirty or thirty-five, or three per cent. of the population. "Now," says the author, "there is one in about forty-five, or 2.10 per cent. of the population." This shows a great improvement in the relative value of human life.

It will be remembered by some here present that I cited Macaulay, who says, "Every bricklayer who falls from a scaffold, every sweeper of a crossing who is run over by a carriage, now may have his wounds dressed and his limbs set with a skill such as, a hundred and sixty years ago, all the wealth of a great lord, like Ormond, or of a merchant prince, like Clayton, could not have purchased. Some frightful diseases have been extirpated by science and some have been banished by police. *The term of human life has been lengthened over the whole kingdom*, and especially in the towns. The year 1685 was not accounted sickly; yet in the year 1685 more than one in twenty-three of the inhabitants of the capital died. At present, only one inhabitant of the capital in forty dies annually. *The difference in salubrity between the London of the nineteenth century and the London of the seventeenth century is very far greater than the difference between London in an ordinary season and London in the cholera.*" So greatly has the term of human life been lengthened.

We find, in an address delivered by Professor Alonzo Clark, before the New York State Medical Society, some interesting facts bearing upon this point. Dr. Simpson, in his paper "On the Statistics of Surgery," states, that in 1786 the yearly rate of mortality in the whole of England and Wales, was *one in forty-two;* in 1801, it was one in forty-seven; and in 1831 it had diminished to one in forty-eight, showing a reduction of annual deaths by twenty-eight per cent. in the short period of half a century. (*Dublin Review*, vol. 7, p. 97.) Mr. Milne, in making up his well-known "Carlisle Life Tables," ascertained with the greatest care, the deaths in that town and its vicinity for the nine years following 1778. They were in proportion of one to 39.99 of the population of each year. It is ascertained, with equal certainty, that for the seven years ending with 1844, the deaths in this same Carlisle and its vicinity, were annually one in 52.6; the interval between these two periods is just fifty years, and the reduction of mortality is twenty-two per cent. "I will adopt the suggestion of the registrar-general, and assume for the present what I hope soon to prove," says Dr. Clark, "that what man desires most of all earthly things, is secured to him in fair measures by the unobtrusive, unnoticed labors of our ill-rewarded profession. In the lapse of half a century, twenty-eight persons, or if you please, the lower estimate, twenty-two persons saved alive out of every hundred, all of whom must previously have perished! What are all the other improvements of the same period compared with this? What though we boast that steam has been made a day laborer for the nations; what though the steamship equals in magnificence the fairy palace of fiction, and skims the water with its wooden wings, as does a bird the air; what, though the iron ways encircle the earth, and daily exhibit, as I believe they do, the highest reach of human power; what though the electric fluid has become our news-carrier; what though the arts have improved so as to cheapen many of the necessaries of life to half their former cost! neither of these, nay, all combined, can hardly single out the life that they have saved.

"France exhibits to us, very strikingly, the great results of professional labors. M. Charles Dupin, whose name is a sufficient guarantee for his statements, lately read before the Institute a paper on the vital statistics of that country, showing that from 1776 to 1843, (sixty-seven years) the duration of life had been increasing at the average rate of fifty-two days annually, so that the total gain in 2.3 of a century amounted to nine and a half years; and yet in no year of that period, whether during the republic, the consulate, or the empire, did the annual increase fall below nineteen days. What a fact have we here! Even during that dread period of French history in which the death-angel assumed the cap of liberty, and taxed the arts for new inventions to destroy life, and during the succeeding thirteen years, in which the war spirit reaped an almost unprecedented harvest, when science and art vied with each other in contributing to this work of slaughter, and the history of Europe is little more than a history of battles; during all this period, medicine alone lent all its energies to the preservation of life. How striking the contrast! How proud the success!"

But there are those who will tell us that these results do not belong to medicine, and trace them to that improved condition in the modes of life, so ably pointed out by the historian Macauley. We contend with Dr. Clark, and could easily demonstrate, that all that is valuable in these improvements and benefits, is based on principles elaborated and promulgated by the medical profession; that they depend in a great measure on the recognition and performances of the duties of the profession to the public, and it should not be lost sight of in these days of systems and sects, that all the solid benefits conferred on mankind are due to what is called the "Regular System."

Such being the results which the ablest arithmeticians have arrived at, through the application of figures to an immense number of facts, gathered from all parts of christendom, it becomes the members of the medical profession, in every section of our country, to contribute their mite towards the grand results which arise out of the strict performance of professional duties. It is chiefly in improving the medical police of towns, drainage, ventilation, etc. in the prevention of epidemic and contagious diseases, that the profession has contributed so largely to the comfort, happiness, and lengthened span of human life. This can only be done by a full and fair exposition of all the causes that are deleterious to the health of villages and communities. The very first step in our investigations, is one that demands a knowledge of all and every evil that has an influence upon the human system. It is worse than folly to endeavor to cover up, to keep out of sight, whatever there may be that operates prejudicially upon the health of the community. So long as the evils are kept out of sight, so long will they be left to work ruin and death. We believe in making every thing perfectly clear, and whenever there is any thing that demands the attention of the municipal authorities, it is a duty to point it out. It is a duty, because we see no reason why the life of man may not still further be prolonged; we do not believe its maximum duration is yet attained, and we feel assured that by the application of wise and judicious sanitary regulations it may become yet more valuable than it now is. Much has been done in the actual practice of medicine—in the addition of remedial agents to the materia medica, and in the improved therapeutics, to work out the results that we have glanced at; and there is no solitary reason why those improvements may not still continue. Such, then, being the absolute facts which we can present, we feel that we can present ourselves with confidence to an enlightened community, and demand a hearing on the all important subject of sanitary police."

HISTORY OF THE EPIDEMIC YELLOW FEVER AT NEW ORLEANS, LA., IN 1853. BY E. D. FENNER, M. D., *pp.* 84. *Printed by Hall, Clayton & Co., New York.*

Here we have *all* the history of this emphatically *Great Epidemic,* and by the one best fitted by the most favorable circumstances to give a reliable account. We are pleased with his clear and philosophical conclusions, from which we copy the following:

"If, then, it be true that Yellow Fever is not communicated from one person to another by immediate presence or contact, independent of other influences, oftener than *once in fifty or a hundred exposures,* it would certainly make but a *rare exception* to a general rule; and this I believe to be about the true and real value of the now popular and warmly advocated doctrine of the *contagiousness of Yellow Fever.* It is equally applicable to *fomites* of all kinds.

"I have now admitted, for the sake of argument, all that is contended for by the most strenuous advocates of contagion, and what does it amount to? —that Yellow Fever may be conveyed from place to place, in ships, goods and persons; and even be communicated to those who come in contact, yet *this effect is so seldom produced* as to make but *a rare exception to the general rule.* Now, does this afford sufficient inducement for the establishment of *Quarantine,* involving heavy expense, and throwing serious impediments in the way of commerce and travel? *That is the question!* and I only wish that the Legislature, who have to decide and act upon it, were as fully informed as they ought to be, as to all that has been done in regard to it within the last fifty years. France and England, two of the most enlightened and rigid governments in the world, after enforcing quarantine against Yellow Fever for half a century, are now abandoning it as *useless.* The reports that have been made to them by the able men appointed to investigate the subject show most plainly that all that can be done, to either *check* or *prevent* the ravages of Yellow Fever, consists *in proper attention to cleanliness, ventilation and drainage.*"

ON RHEUMATISM, RHEUMATIC GOUT, AND SCIATICA. *Their pathology, Symptoms, and Treatment.* BY HENRY WILLIAM FULLER, M. D., CANTAB., &c. *Published by* SAMUEL S. & WILLIAM WOOD, *New York, pp.* 322.

We were so much interested in this work that we omitted noticing it last month, intending to review at some length its more prominent points, but the pressure of daily duties has frustrated our intentions and we must be content to express in general terms our satisfaction with the book, so far as we have examined it.

Dr. F. attacks the common opinion that Rheumatism is caused by cold, and arrays a mass of negative evidence to show that such cannot be the common cause.

He views it as a constitutional disease, and the local symptoms as essential accompaniments; and from certain facts stated infers, "That the 'materies morbi,' on which the symptoms of rheumatism depend, is generated under certain circumstances in the system, and is so generated as a result of some obscure constitutional peculiarity, some particular form of mal assimilation."

All the grave, accidental accompaniments of rheumatic disease are discussed at length, both in a pathological and therapeutical point of view, and no man, whatever his views of the cause of the disease, can read this book without both pleasure and profit.

ALCOHOL AND THE CONSTITUTION OF MAN; *being a Popular, Scientific Account of the Chemical History and Properties of Alcohol, and its leading effects upon the Healthy Human Constitution.* Illustrated by a beautifully colored Chemical Chart. BY EDWARD L. YOUMANS, *New York. Fowler & Wells, pp.* 127.

his is a really learned and scientific work, and contains unanswerable proofs and evidences that alcoholic liquors are not fitted for the habitual use, as food or drink, of healthy human beings. If generally read it would doubtless prevent many from taking the first step on that downward road from which so few turn aside or return. But unfortunately, the two great classes of drinkers will not read, nor would they profit if they should read. The moderate drinker, who alone can be reached by appeals to his understanding, can rarely be made to see his danger till too late; and the mind of the habitual drunkard is too much stupified by indulgence to be reached by any arguments, however forcible. Yet we would commend this book to the intelligent part of community, as they will find here the best arguments to use in any effect they may make to stay the progress of intemperance.

"METAMORPHOSIS AND METEMPSYCHOSIS" is the subject of an introductory to the course of lectures on Chemistry in the Vermont Medical College, by Prof. THOMAS ANTISELL, M. D.

Unlike many introductories it is remarkably free from the noisy declamation which tickles the ear for a moment but leaves no permanent instruction. The class have shown their good sense in its publication, for it must have sounded well and reads first rate. None but a profound thinker could bring *within such limited* space so many instructive ideas.

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A Course of Instruction in Physiology and General Pathology,

CONSISTING of daily recitations and Lectures, illustrated by the Microscope, will be commenced by the subscriber on the 29th of May, and continue to the 22d of July. Fees for the course, $12.

Text Books—Carpenter's Elements of Physiology, 2d edition, and Stillè's Pathology.

E. R. PEASLEE.

Hanover, May 1st, 1854.

N. H. Medical Society.

THE Sixty-fourth Anniversary of the New-Hampshire Medical Society will be held at the

COURT HOUSE IN CONCORD,

ON TUESDAY, JUNE 6TH, 1854, AT 10 O'CLOCK, A. M.

Annual Address by the President, Prof. ALBERT SMITH, M. D., at 1 o'clock, P. M.

Orators.	*Substitutes.*
A. McFARLAND, M. D.,	A. H. ROBINSON, M. D.
W. H. H. MASON, M. D.,	WM. P. STONE, M. D.

"It is expected of each member that he communicate to the Society, verbally or in writing, all occurrences in his practice worthy of special notice, as, also, all facts calculated to the improvement of the profession."

The session will continue two days. The Council will meet at the PHENIX HOTEL on Monday, June 5th, at 7 o'clock, P. M.

A punctual attendance is requested.

E. K. WEBSTER, *Secretary.*

Boscawen, May 1st, 1854.

E. W. CARLETON,

SUCCESSOR TO

Dr. J. A. TEBBETTS,

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January 2, 1854.

THE
NEW-HAMPSHIRE
JOURNAL OF MEDICINE.

Vol. IV. JUNE, 1854. No. 6.

[For the N. H. Journal of Medicine.]

SMALL POX AND VACCINATION.

Mr. Editor:—To a call, in the April No. of the N. H. Journal of Medicine, to New-Hampshire physicians to aid the cause of humanity by petitioning the Legislature upon the subject of compulsory vaccination, I will respond by submitting the following to your disposal.

The sanitary regulations of this State connected with the loathsome pestilence, small pox, in view of the present advanced state of medical science, is rather behind the times, and a disgrace to the statute books of an enlightened people. Although variola is considered one of the most contagious and destructive of the eruptive diseases, the conviction has been forced upon me by some experience in its treatment, that the danger is much enhanced by the panic created by the removal of the patient from a comfortable home to some out of the way place, there to be surrounded by attendants in many instances wholly unacquainted with the patient or his wants, and where, as the experience of the past winter teaches us, the patient is not always left, like the insane among barbarians, to pass through the disease in quiet to convalescence or the grave, but is liable to be placed upon the snow, to witness the conflagration of the house provided by the public humanity.

It is pretty generally admitted by physicians acquainted with varioloid, that a person who has had genuine kine pox tested by re-vaccination, (more particularly if the first vaccination was before puberty, and tested after,) is as exempt from an attack of small pox as he would be had he been infected with variola itself.

In the spring of 1841 a young man came home to his father's house in New-Hampshire, from Boston, sick. About the fourth day of his sickness a rash like eruption made its appearance, which was pronounced by his physician to be variola. The patient never had had kine pox. He died soon after the appearance of the eruption. The family were all vaccinated in two or three days after the death of this young man. The mother and one sister, who had washed the young man's clothes on his return, became infected. The mother had true variola quite severely, confluent on the face and some parts of the body; the vaccine did not take. The sister's case was modified by vaccination, the pustules being developed several days previous to the eruption of variola, which last was comparatively mild, the pustules being sparsely developed.

I had charge of the two last cases, which both recovered. The grandmother of the family had no recollection of having been vaccinated. I vaccinated her several times during my stay at the house, but she escaped both variola and vaccinia. It is proper to mention that she fumigated with sulphur daily. These patients were not moved from their home, and out of twenty or thirty exposed, all escaped but the two cases above mentioned,—being those who washed the clothes. How many of those exposed to the infection had been previously vaccinated, I am not able to recollect, as they were all vaccinated a short time after the exposure.

Now in this instance there was a great and unnecessary panic, provided they had been previously compelled to submit to vaccination. So far as a mandate of the selectmen could affect us, we were unpleasantly cut off from all communication with those out of the house. The ban declared the cats and dogs to be dangerous mediums, and liable to transmit the contagion. It did not reach the rodentia for obvious reasons, they being allowed to keep up friendly communication with the neighboring rats, in some respects leaving us like a California ship at quarantine in Rio, while the passengers have free communication with the people on shore. The miller refused to grind our grain; the smoke from our chimney was eyed with suspicion when it arched over towards the neighboring houses,—their doors having been closed and windows buttoned, for fear that it might serve as an arch for the infection to walk over the sanitary cordon.

In an adjoining town a few years since three cases of variola occurred, the patients not having been previously vaccinated; also ten cases of varioloid in the persons of those who had been previously vaccinated—all being the result of a case of mild varioloid. With two other exceptions, the cases of varioloid required but little treatment. The first case of variola was developed in a child eleven months. I took charge of the case ten days after the attack, it having been treated by the family's neighbors as a case of rash. The late Dr. McQueston of Washington had been called the day previous to my seeing it, when it bore unmistakable evidence of its true character. I vaccinated an older child seven days previous to the attack of small pox, which last was quite mild, being modified by the vaccination,—both being developed and modifying each other. The last was scarcely marked by the eruption, and the first but little, as we endeavored to exclude the light. The third case of variola, occurring in an unprotected person, was quite severe at the commencement, but was evidently cut short by the kine pox, having been vaccinated five days before the eruption of variola appeared. The diseases run on together, modifying each other, vesication taking place much earlier than it otherwise would have done. In each of the above cases of varioloid a well marked cicatrix from previous vaccination was present, which was conclusive evidence that the cicatrix which was formerly believed to be reliable evidence of protection, could not in all cases be depended upon. All that were re-vaccinated soon after exposure escaped varioloid; of the last there were numerous instances. The above thirteen cases all recovered,—none of them being removed from their homes.

May the Legislature of New-Hampshire at its coming session wisely conclude that the time is past which rendered it necessary for the laws of New-Hampshire to leave it possible for the sick to be forced to leave their friends when they most need their kind attentions; and as a substitute for the present law, make it absolutely necessary for every scholar to be vaccinated before they can have a seat in the school-room.

THOMAS SANBORN.

Newport, N. H., May, 1854.

[For the N. H. Journal of Medicine.]

CASES OF "SPURIOUS PREGNANCY."

THE practicing physician who is occupied for a series of years in investigating and prescribing for sick people, will find many novel, perplexing and unique cases that will be trying both to his skill and patience.

Females frequently feign pregnancy for selfish or criminal purposes, and some who honestly think themselves in a state of gestation are deceived. I will describe some cases of the latter sort that have occurred in my practice, thinking they may be interesting to some of the readers of the Journal.

Case 1st. Occurred July 25th, 1844, in the town of Johnson. Mrs. S. felt assured that she was in a state of gestation; (being a second wife, and anxious to "take away her reproach among women,") and was, as she supposed, taken in labor at the above date, and called in her female attendants and a "*pepper doctor,*"—for we have such creatures in this vicinity.

After a labor of twenty-four hours, I was summoned, a distance of nine miles. After a slight examination *per vaginam*, I was asked by the attendants if there was a prospect for a speedy delivery. To this I answered that I perceived *none*. I then placed my hand on the abdomen, (or where it should have been;) there was not the *least* prominence,—it was even lower than the illium. In a gentle manner I asked the lady if she might not possibly be deceived. She averred in a peremptory manner "she was not." The husband as strongly averred "I know there is a bady—I have felt it jump a hundred times."

All my arguments availed nothing to convince them of their mistake, until I assured them there was nothing there. The lady wept bitterly, but consented to dismiss her attendants without an heir.

Case 2d. Nov. 11th, 1848, called to Mrs. C., of Hydepark, who supposed she had completed the term of gestation, and was in labor with her second child. Being very corpulent, (weight 300 pounds,) she did not shew her situation as a more spare female would have done.

It is a curious phenomena to witness a female with all appearance of labor pains,—writhing, moaning, pulling at the hands of her attendants as in real labor—and all an imagination or an excitement of the mind. I am at a loss to account for such a transaction.

Immediately after informing them that they are not pregnant, and satisfying them that such is not the case, their pain subsides, and they resume their domestic affairs. All this occurred in this case. The lady was deceived; the husband was offended, and manifested his boorish disposition by censuring his wife in rude terms for not knowing her situation. I relate this to show how clownish men will occasionally appear.

Case 3d. March 1st, 1851, I was called to Mrs. O., of Belvidere, who supposed herself at the end of a term of gestation, and in labor. She had summoned her female attendants, and was suffering occasional pains with a very wry face. I made a vaginal examination, but to no good purpose; placed my hand on the abdomen, but could not perceive the uterus; there was no prominence above the pubis. I asked her if she was not deceived. She appeared as much annoyed as she would have been at the same question after the birth of a child, and was unwilling to hear me expostulate or explain. I said to her, "there is no child there." Her husband coming in about this time, was told by the wife what "the doctor" had said; coming into an adjoining room, to which I had retired with some of the attendants, he called me some hard names,—said he "was not a fool;" "he *knew* there was a baby, for he had felt the motion many times."

In answer to this lecture and abuse, I referred the clown to other physicians, saying, "send for whom you please, I will retire," which I did. Another physician was called, but did not find an heir. He, however, informed the lady that the ligaments of one side of the uterus were relaxed, and that organ had pitched or fell over to one side, which would cause the feelings of gestation.

One case occurred in my circle of practice where a lady of 45 thought herself pregnant, and made the usual preparation of small clothes, &c., but had no occasion to use them, much to the disappointment and annoyance of the husband.

Many cases similar to the above have come to my knowledge, but these are all which have occurred in my own practice.

ARIEL HUNTON.

Hydepark, Vt., April, 1854.

[For the N. H. Journal of Medicine.]

TREATMENT OF PSORIASIS.

MEDICAL writers have so many different names and descriptions of squamous and papular diseases, that it is rather irksome to follow them; and the multiplicity of varieties serve only to perplex. I would call attention to one form of psoriasis, which appears to be a hereditary disease, and vulgarly called salt rheum,—as also are many other varieties of this as well as some other diseases.

If the following remedy will succeed as well in other hands as it has in mine for thirty years past, it will be found very valuable. For an external application, night and morning, in cases of the above complaint, in its varieties, (which are many where writers split hairs,) for chapped hands, sore lips, or for cicatrizing ulcers:

℞. Mutton suet,
Yellow wax,
Pine resin,
Lard,

Of each equal quantities; melt and stir a long time, as the ingredients do not readily incorporate.

In addition to the above an internal alterative is demanded. The article I use for this purpose is one grain of corrosive sublimate dissolved in one ounce of water, and its taste covered by some saccharine substance. For an adult administer of this gtt. v. morning and evening, increasing one drop every seventh day till the dose reaches to ten drops. Minute doses of mercury in some form, administered internally or applied externally, or both, constitute the most potent alterative and discutient known to me.

The above preparation applied to indolent tumors, or any tumor which it is desirable to discuss, is a judicious application. Brethren, *try* the above remedies.

A. HUNTON.

[For the N. H. Journal of Medicine.]

ANOTHER CASE OF "IMPACTION OF THE RECTUM."

Mr. Editor:—I notice in the April No. of your Journal a case of "Impaction of the Rectum," reported by Dr. J. S. Fernald, which induces me to send you the following:

Dec. 26, 1851. Was called, in consultation with Dr. P——, of this town, to see a patient suffering, as he supposed, from "*disease of the prostate gland.*"

On my arrival I found the patient, (who was somewhere near 80 years of age,) in great distress, and unable to evacuate the contents of his bladder, although he very much desired to do so.

This retention of urine led the medical attendant, (who had never received a diploma, as I subsequently learned,) to *suspect* "disease of the prostate gland." I further learned that the bowels had not acted for several days. The "doctor" said he had been giving calomel and jalap with gamboge and aloes, followed by camphor and opium.

As a first step I passed a catheter and emptied the bladder, which much relieved his suffering. The rectum was then examined, and as I expected, found distended with dry, hard fœces, which, by pressing against the neck of the bladder, had effectually closed the outlet of that viscus.

An enema of warm water and molasses was ordered to be gently thrown up the rectum, which soon brought away the offending matters. In the evening I found the old man very comfortable, and thankful for the relief afforded by the above mentioned measures.

With this, my first contribution to your pages, allow me to present my best wishes for the success of the "N. H. Journal of Medicine."

Yours truly, A. J. GILSON, M. D.

East-Jaffrey, N. H., April 18*th,* 1854.

"The Change of Life" in Women; *with Remarks on the Periods usually called "Critical."* By Joseph Parrish, M. D. *Introductory Remarks—Specialities; Abuse of the Speculum; Errors of Popular Opinion; Changes Natural.*

I propose to offer, in the present and subsequent numbers of this journal, a series of essays upon the subject designated by the above title, to which the candid attention of the profession is invited. It is one not usually treated of in books to any considerable extent, and it is feared not regarded in general practice, in the light which nature, and sound views of science would dictate; and as the investigation of it may elicit some novel reflections which are opposed to generally received notions on the subject, I enter upon it with cautious deference to recognized authority, and yet, I trust, in the spirit of independent inquiry. While I would urge that the changes in the life of woman should be met by her professional attendant with an honest regard for her welfare—that he should consider them as *appointed times* in her history, and not as an outbreak of an erratic nature, or as accidents in the working of a delicate machinery—I would have the profession gracefully to shrink from undue interference with the operations of nature, and save itself from the imputation of rash meddling with the wise and essential developments of natural law; that it may not be said of any of her votaries,

> "——— fools rush in, where angels fear to tread."

In these times, when *specialities* are becoming the order of the day in medicine; when physicians are apt to select some particular subject upon which to display their talent and exercise their skill, there is great danger of exaggeration, both as to the nature and treatment of the particular diseases that may claim attention. And though it may be true that greater light may be elaborated by such special investigations, it is well to guard against at least *extravagant error*. With reference to the matter before us, we fear there is more error than may be freely confessed. Woman herself, according to the custom of the day, has made up her mind that these changes are always more or less dangerous; and the physician is too often tempted to accord with her prejudices, and to subject her to treatment, sometimes the most unscientific in its character, and in its results most unsatisfactory, except to the pecuniary *taste* of the prescriber. While I would not apply this remark to the whole profession, I would appeal to the observation and conviction of all, and ask,—Is there any subject within the domain of medical science that is more frequently presented by the empiric, than that of female disease? Are there not more "cures" offered through the press, and in the social circles of females, for the so-called diseases of this, than any other? Does not almost every paper contain advertisements of specifics to conduct females safely though their "critical periods?" And even within the ranks of legitimate medicine, are there not hundreds of physicians scattered throughout our land, who are running wild with enthusiasm, into false theories and adopting injurious practices, with reference to the uterine system.

What can be more humiliating to a high standard of professional honor and probity, than to see a man, who may be honestly enough, and with propriety, devoting himself to the study and cure of female diseases, stoop to the practice of examining with the eye all cases of suspected disorder, or displacement of the uterus? Taking young girls from the school or the nursery, and exposing them to the degrading practice of ocular inspection. There are cases when this course may be indicated; but to aver that the practice should became common, is an absurdity, against which all past experience in medicine, all decency in morals, and all honor in manhood, should exclaim with unceasing opposition. Instances have come to the knowledge of the writer, where the officiousness of a so-called "womb doctor," young ladies, just developing into maternal proportions, and experiencing the sensations peculiar to that particular age and condition, have been suspected of uterine disease, and exposed, without the least necessity, to having the vagina dilated by a speculum or bougie, so that the operator and friends of the patient might have an opportunity of "seeing for themselves" the appearance of the organ. Credulous and anxious mothers, superstitious nurses, and meddling female friends, were perhaps called to witness that the diagnostic of the physician was correct, while they themselves could not judge between a natural or disordered appearance of the parts; and yet this speculum and bougie practice is becoming extremely fashionable in some places, and the physician who can boast of having *seen* the greatest number of *wombs* is esteemed worthy of more credit than the hundreds of less officious, and yet quite as successful practitioners, who have been content to use the speculum as a necessity, and not as an amusing boast.

Take, again, the other period of life, when the uterus, to use a familiar comparison, "retires from active service;" how common it is to act at this important change as if the organ was rebelling against a natural law, instead of yielding to an unalterable decree; and to impress the mind of the female with the belief that she is doomed during her remaining years to countless ailments, unless she submits to medical treatment. It would be just as rational for the husbandman to force open the advancing bud of spring, or to climb the trees of his forest to assist nature in stripping them of their falling leaves in autumn, as to interfere with the opening bud, or the falling leaf, in the vernal and autumnal seasons of womanhood, unless such interference is positively demanded by a departure in the constitution from a natural condition. What these departures may be, and how they are to be managed, will occupy our thoughts in future. If there are pains, and sensations of an unusual nature, the doctor suspects, or says there is danger—as the function of the organ is now to cease—of cancer, or some kindred malady, and to judge that all is right, or find out what it wrong, he *exhorts* his patient into a panic; and she, wearied with undue advice, and alarmed by her own feelings rendered morbid and acutely sensitive by constant direction of the mind to herself, submits to *inspection*, perhaps to cauterization, and she escapes, if with nothing worse, perhaps with irritability of the organ, and deranged nervous system, that are entailed upon her for life.

We should not disclaim against specialities—we are glad to see them pursued in the hands of honest and prudent men; and no one is more deserving of the best talent and most arduous labor, that our profession can supply, than that which comprehends the entire uterine system; but we would raise a voice, and bear a testimony, be it ever so feeble—against the practice that is becoming common in certain quarters, of placing woman in that position in which she is made the special victim of professional cupidity, because she is taught to believe that she is particularly the subject of alarming disease; and if the effort now made to shield her from offensive professional intrusion may be in the least degree successful, while it may contribute to enlighten her as to her true position in these respects, the author will be amply rewarded for his labor.

That there are two changes in the life of woman termed *critical*, is well known to all; but that these are necessarily dangerous, is not so readily admitted. Every female, of sufficient years, experiences one or both, in the course of her history. Every careful mother, to whom has been assigned the responsible charge of rearing a daughter, knows what it is to look forward with anxiety to the period of pubescence in her growing child. The girl of twelve years becomes in her eyes a new being, and after her twelfth birthday, the watchings and fears, the doubts and hopes, that toss her heart to and fro, as she looks with maternal solicitude upon the daily course of her child, are only known to herself. But why these conflicting emotions? The child is well; she has been reared so far with a good degree of health; and whence the trembling now? Nature has appointed a change—a *critical* period. In that girlhood is to commence a development that is to assume a woman's nature—organs of the body, that have been hitherto dormant, are now to be aroused to actions, as essential to the health of their possessor as they are to her guiltless mind novel and mysterious—she is to grow into woman's estate. Her bones, muscles—all her tissues and organs—are to spread out with a rapidity hitherto unknown.

In stature she becomes a woman, and in mind more womanly. The mother is anxious least any natural or artificial interruption should arrest the progress of nature; and then, as she passes on in her own circle of years, till the age of forty or forty-five, she begins to experience a new train of thoughts, and to have new fears, and many anxious hours by day and night, with reference to herself. The time is at hand when nature shall visit her with the assurance that she has reached the summit of maturity, and that henceforth she will pass over the downward slope of life. Those very functions, the healthy manifestation of which in the child she so much desired, and watched with so much care, are now to cease in herself; and though she may have borne children, and had a goodly heritage through all the days of her maturity, now she shrinks, and yet rejoices. She fears lest it may not be well with her, and yet would be glad, because the time is past for her to become the mother of any more offspring. She wants to cross the line, and yet she falters. She knows she must, and yet she fears; she feels that she will, and yet she would not. Nature has appointed another change. In that womanhood, matured by experience and care, is now commencing the process of decline. Organs that have contributed by their operations to constitute her equal to her sphere and calling, now, as in childhood, become dormant again, and she stands upon the threshold of old age, looking fearfully forward to years of suffering and affliction, at the very time when of all others she should be cheered with a bright prospect of an easy decline, because the cessation is the kind monitor that comes, bidding her lay aside the fears and pains of child-birth, to be released from the wearisome toil of the nursery, and in the full bloom of ripened age, crowned by experience and wisdom, to scatter about her, in the domestic circle, and mid her little community of friends, the fruits of her past labors in the field of life. It will be shown hereafter why woman should learn to welcome rather than fear this change —and why her physician should stand by her at this interesting crisis, not to alarm, but to encourage and support her.

The term of thirty or thirty-five years, that is embraced between these two periods in the life of woman, may be considered as the time of her maturity, when the organs of the body, upon which these changes depend, should be in the free exercise of their respective functions. All the processes of generation, birth, lactation, &c., that are peculiar to this stage of life, it is not, however, now my purpose to consider; ample scope being afforded for remark upon the peculiarities that are developed at the appearance and cessation of the menses; and as these are seasons in woman's history that are anticipated by such conflicting emotions, it becomes the physician to study well the course and results of their development, both as to the moral and physical changes that are coincident with them. It is also proper for females themselves to understand their position, and to have their minds relieved of needless anxiety and fear at these times. We will offer the suggestion as a starting point, that these changes, although called critical, are natural, and are not to be interfered with unless some abnormal symptoms accompany them.

CHANGES OF CHILDHOOD—CHARACTERISTIC CHANGE IN THE FEMALE—WHAT IS IT?—ITS OFFICE; ORGANS INVOLVED; EXTENT OF THE CHANGE.

From the earliest period of infancy, to mature age, there is a constant progression in the development of the human organism. There are organs, which may be comparatively useless in feeble infancy, that are destined in the course of ripening years to serve essential purposes in the human economy; while others are from month to month, and from year to year, modified in their capacity, and prepared to perform functions, which, though similar in kind, differ materially in degree. The babe, as it reposes upon its mother's bosom, careless of all surrounding objects and influences, is itself a passive being. Its eyes may be opened, and appreciate the surrounding light, and yet, while the objects within its visual range may be daguerreotyped upon the miniature retina with distinctness, there is no evidence of an intelligent impression being transferred to the brain. The brain as yet may be considered as a latent organ. It is the unpolished plate, waiting for the hand of the artist to *change* its surface, and fit it for the reception of the impression already pictured within the frame work of the instrument. In the lapse of time, the cerebral function becomes apparent; the child evidently exhibits the phenomenon of mental perception; thought is elaborated, and the period comes, when judgment, like a feeble stem, sprouts forth, and continues to grow, through constantly multiplying changes, till it assumes the type awarded by the Great Disposer, appropriate to the finite condition of its possessor.

Again, in the early period of life the infant is only capable of receiving such nutriment as does not require mastication; nature has indicated this, most certainly, in witholding the teeth from the child, and supplying a maternal fountain equal to its wants. The stomach at this stage of existence is not capable of appropriating the stronger food, that it will afterwards demand as essential to the vigor of the individual. A *change* must be wrought in the organ, to meet the *change* of circumstances—and as it may be matured the teeth come, and go again, in pairs, the jaws widen, and the muscles, covering and moving them, strengthen, so as to execute the stern demands of a *natural law.* As the brain and its appendages connect with the vision, so the stomach and its appendages connected with nutrition, *change* in their size, capacity and power, from year to year. As the former may be said to be the centre of the nervous system, and the latter the centre of the nutritive system, there is a corresponding *change* in the power and susceptibility of the equalizing medium, exhibited in the nervous arrangement with which they are both essentially connected. It is the telegraph by which disorder is announced. If the brain or the nervous system becomes deranged, the stomach and nutritive system feel it, and *vice versa;* while either, with a powerful reflex action, may agitate the whole organism. Hence the familiar examples of disease incident to the period of dentition, the details of which it will be needless to enumerate, as the reference here made to the subject of early childhood and its *changes* is merely for the purpose of affording an analogy, from which to derive a confirmation of the doctrine, presented in the introductory essay—viz: that the "Changes of Life" in women are natural, and not to be interfered with, unless some abnormal symptoms accompany them.

The peculiarities of childhood already noticed are natural to both sexes; but the first great *change* to which the human female is subject is menstruation. The word menstruation means simply a monthy flow. Its etymology does not embrace the character or quantity of the discharge, referring only to its periodicity. The organs from which it comes are the uterus and its appendages. Its office is to transform the girl from childhood to the estate of a woman. It performs its office by developing a latent organ, hitherto inactive, and apparently useless. Power is exhibited by the transformation —power to conceive, and to mature a living human being.

The period for the appearance of the menses, called *menophania*, occurs generally in this climate between the ages of twelve and fourteen years. We then have before us at this age of female life a new organ with its appendages, and a new function. To examine them briefly in connection with their sympathies and relations, will be the object of this essay.

A new organ—a womb. For twelve years it has lain in its pelvic bed, without alteration, except a very gradual increase of size, to maintain its progressive relation with other parts of the economy. A truncated conoid body, flattened somewhat upon its surface, nearly an inch in thickness, about twice that length, and in breadth perhaps midway between the two. It has a body and a neck, with a slight fissure or cavity occupying its interior, and of the same shape, terminating below in a corresponding opening, called its mouth, or *os uteri.*

Its appendages—Fallopian tubes, situated above and on either side, communicating with the upper angles of the internal cavity by extremely small openings, and extending laterally four or five inches, at first straight and narrow, but in their course extremely tortuous, till they terminate in a wide fringe, called by anatomists the *fimbriated extremity.*

The ovaries—two ovoid bodies, containing a clear fluid, placed on each side of the uterus, and supported by the uterine ligaments, into which one of the tendrils of the fringed extremity of the tube before described terminate, in order to form a direct communication with the cavity of the uterus.

The vagina—a canal, or opening, five or six inches in length, embracing the neck of the uterus above, and terminating externally.

These varied, complicated structures, spring speedily into new life,—become sensitive and excitable. The entire system sympathizes with the effort, and there is a rapid change in the whole being—a change too familiar to need a detailed description.

Consider for a moment, however, the extent of this change. The womb, and its immediate tributaries, if I may so call its appendages, are not only concerned, but they make a demand upon the heart, and through it upon the circulatory system—the spinal marrow, and through it the entire nervous structure—the brain, and through it the intellect and moral nature, until all are forced into the work. The heart beats more vigorously, perhaps, and the pulse is more rapid. The nervous force is distributed, it may be with some inequality and excitement. The brain is more acute, and the moral sensibilities more intense. Such a general change in the habits of the constitution, in the character and development of mental phenomena, in the degree and force of moral impressions, renders this period one of great interest, while the organs concerned in this process are being gradually developed. Their peculiar function appears at once—sometimes without premonition. The disease often comes on in a moment, or the child may rise from bed in the morning, alarmed by the presence of a bloody flow from her body, she knows not whence, or how; and if the general health be good, if her mode of life has been natural, if her mind has not been over-taxed, and her body subjected to irregular pressure or constraint, it comes even suddenly, without danger—but more of this hereafter.

What a wonderful provision of nature. It affords to the human female a characteristic mark, not known to any other being—a mark distinguished by a sanguineous flow from the uterus, every lunar month, which continues from three to six days, and measures in quantity from eight to ten ounces. Does it cause the general development of the system, or is it the result of growth in the individual? This is a question unsettled by physiologists; all we can say upon the subject is, that the menstrual development is coincident with the general increase of size and power in the mental and physical frame—that its occurrence makes an important *change* in the habitudes of the individual, and that it is a natural appearance; that it is essential to a healthy condition of mind and body. Its sympathies, then, are with every part of the human structure, because it maintains a relation to every part. Without it there cannot be perfection in development. With it, properly regulated and sustained, there may be a perfect existence. If its appearance is modified by excess, or the reverse, there is a corresponding modification in its relations to other organs. Its sympathies become morbid, and disease is the result. So, again, there may be a power over the uterine system, employed by morbid changes occurring in other organs; a power sufficient to arrest the menstrual flow, to diminish, or to increase it. As has been said already, the telegraph by which these sympathies are conducted is the medium of equalizing disturbed and opposing forces; and if we regard not the nervous system in our therapeutic appliances to disorders of menstruation, we shall fail to display that tact and wisdom, which should ever emanate from and adorn the medical profession.

POWER OF FEMALE SYSTEM — EVIDENCE OF IT IN SYMPATHY, CONCEPTION, GROWTH OF EMBRYO, CESSATION OF MENSES, LACTATION,—POWER HIDDEN,—MORAL AND MENTAL CHANGES.

In the changes to which reference has been made, there is an allusion to the power or capacity of the female system: The power exercised by the generative organs upon other parts of the body, and the reciprocal influence or control, felt by these organs, from other parts. Leaving for the present the question of diseased action, we may consider these congregate systems in their normal dependencies on each other.

Power is a significant word. It implies the exercise of some inherent force. If that force is latent, its exhibition proves the power of development. It is active—it is the *vis a tergo*, through which the life force speaks in the progressive existence of the being. Without it there can be no growth. The wheels of life cannot move in their circle of organic structures. The machinery by which the production of the animal are evolved, must of necessity be arrested; and certainly, as the wise man has said, will "the pitcher be broken at the fountain." Death is the result of a want of power, whether it be from disease, or the natural wearing out of the thread of life. This suggests the idea of the *limited* nature of this motive power: limited, because the life of the animal is itself confined within certain bounds; and if it be limited, it may be modified. It may be excessive in its manifestations at one particular part of the body, or other, and distant influences may take from it a portion of the energy allotted to that part, by which it must necessarily suffer.

Now, in the change of girlhood, called menstruation, there is not only strong evidence of this power, but of its action through sympathy. The uterine system being the great central characteristic of female life, around which moves the circle of all the mental, moral and physical phenomena peculiar to this stage of existence, the flow may be affected through either of these media, both as to the time of its appearance and its character. For example—if the mind should be over-taxed, and the vital force summoned to the support of the mental effort to a degree beyond its share, the uterine supply may be measurably withheld, and the production which should result from a fair and equable working of the machinery, may be evolved. The law of sympathy, in full force in such a case, between the mind, which maintains its supremacy, and the struggling uterus, the latter is robbed of its proportion of vital energy, and the whole system, thus disturbed in its sympathies and relations, gives evidence of disorder in some form. Again,—a fright, or any strong emotion, may reäct upon the uterine organs, and produce an excessive flow of the menses. And yet again—a physical injury, or shock, as a sudden fall, or fatiguing exercise, may, by a reflex movement, contribute to the hasty, if not premature development of the uterine flow, by the operation of the same immutable principle.

The uterus that has been dormant for years, and is now aroused, producing a new fluid, by which its capacity may be known and measured, possesses the power of conception. In this function, likewise, it demands the sympathies of the entire being of which it forms a part. The mental, moral and physical attributes of that being are exercised in all its performances. The impressions that fasten themselves upon the mind, the moral emotions which spring up simultaneously in the heart, and the physical changes that occur, all bear an interesting and important relation to each other, and each contributes its portion to maintain the uterus in its office. The new organ and its appendages are all concerned. The uterus itself—its tubes—its ovaries—its vagina—each has a share in the *change*. The absence or inability of either will impair or destroy the perfection and harmony of the arrangement, and the uses it is intended to serve. There is likewise power to *mature* a living being. The generative apparatus developed now, and in the fulfillment of a natural law, is still undergoing *change*. Menstruation and conception have already occurred. The speck that forms the embryo must grow out of its embryonic state, and assume its fœtal life.

The fœtus in utero must develop its proportions in due season, and then become a living being in the world of life without. The changes in size, shape, &c., of the embryo and fœtus are marked by corresponding changes in the habits, feelings and tastes of the mother, all of which are striking, but too frequently unregarded, if not unobserved. Mark then—the uterus, from a passive organ, some two inches in length, gradually enlarges, rises out of the pelvis, extends upward towards the chest, and widens laterally till it occupies nearly the entire abdomen. In texture it is also altered. From an apparently solid mass of muscle, divided by a single fissure, it is stretched into a thin texture, till distinct fibres are seen extending in various directions; and the internal cavity, instead of being a thread-like cleft in the substance of the organ, becomes the residence of a living being, of human form and dimensions. The Fallopian tubes are pressed aside; the ovaries crowded out of their place; the vagina laden with a heavy weight, and often enormously congested, the bladder flattened, and the intestines greatly compressed. For six months at least, this state of things is experienced in a greater or less degree, until the time of parturition comes, when, by the sudden removal of the contents of the womb, it collapses into its former state; not, however, by a gradual decline, but by the most heroic throes of nature, in the exhibition of tremendous power. And with its return, its appendages follow, and take their wonted places, the viscera are replaced, and the whole organism again restored.

Let us not overlook the fact, that with the occurrence of conception the menses cease to flow, and that with the close of pregnancy, lactation commences. Cessation of the menses at the occurrence of gestation is a natural and legitimate consequence. It may be true, that there are exceptions to this rule, but the rule is still the same. And it is an obviously wise one. The womb, when menstruating, performs a function widely different from what it is called to in the process of gestation, and it may not exert two opposing forces at the same time. Lactation has likewise its separate design —a design affecting not merely the child that is to be nourished at the maternal fountain, but one adapted to protect the constitution of the mother. The breasts, in furnishing a supply of nutriment, allow the womb, to which they are allied by a near sympathetic relation, to rest, perhaps for a whole year, during which time the female is saved the toils and trials of the pregnant condition. All this is natural. The vast changes that have been described, as occurring during the long period of utero-gestation, from the time of its commencement to its close, are all in obedience to the law of life—all natural; and the physician does not interfere to arrest, or scarcely to modify them. Take for example the "morning sickness," that passes like a wave through the whole economy, disturbing the repose of almost every organ, and for three consecutive months subjecting its victim to harassing discomforts that no medicine can relieve. The vomiting and general distress, dependent upon this condition of the system, is not disease, unless pregnancy is disease. It is a symptom of gestation, and if there be no departure from health in the cause, the symptom cannot be morbid. The experience of the profession everywhere, and in all times, corroborates this view of the subject. As far back as the days of Hippocrates, the illustrious father of medicine declared—"If the catamenia are suppressed, without being followed by rigor or fever, *but by disinclination for food*, pregnancy may be suspected." Who then would treat the vomiting of pregnancy as gastritis? Or who would subject his patient, under such circumstances, to a "course of mercury," for example, as he might be disposed to do, if pregnancy did not exist? As a general rule, no treatment is required in the pregnant condition, if the patient will but observe ordinary hygienic rules. So when the period is at an end, and the child is born, but little medication, if any, is necessary, unless disease may interfere, and demand professional aid.

In all these changes, striking and wonderful as they are, nature is the kind physician who counsels, and whose gentle hand directs the power that accomplishes them all. We cannot estimate their extent, because they are performed in silence and obscurity. As the hidden seed in the bosom of the soil, that shoots forth and grows, and becomes the wide spread shelter, and the prolific bearer of goodly fruit, performs all its wonderful changes in unobserved silence, moved by a concealed vitality that no art can supply—so do the "changes in the life of woman," that are connected with the uterine system, go on in the mysterious chambers of her own organism. The hidden uterus, aroused from its long lethargy, grows, and developes the whole being, first, giving evidence of its power to execute the command to "be fruitful and multiply," and then by the same inheret *vis vitale*, spreading out, and affording shelter for a living being, and bearing it into the world.

With all these physical changes and developments, we should not overlook the differences in moral and mental character. The change in these respects occurring at mature girlhood, have already been noticed; but as those presented during the course of utero gestation too often escape observation, perhaps some of them may be recalled here. The morbid temperament, often irritable, and exceedingly sensitive, and it may be desponding; and the seemingly disordered, and even loathsome appetite, in the early months of the pregnant female, must be familiar to the careful observer. With the "disinclination for food," or the unnatural appetite, and the distressing sickness, it would seem reasonable to anticipate a sensitive temper, a disposition for retirement, even from the fondest friends, and a morbid feasting of the mind on imaginary ills and delusive fears. But when we can realize these exhibitions of character, as the result of uterine disturbance acting sympathetically upon the brain, we shall reach a physiological fact that may serve us an important purpose in other manifestation of *change* that may occur in the uterine function. It is not urged that these peculiar displays of physical phenomena are universal, but that they, or some kindred exhibitions of perverted taste, both mental and physical, are exceedingly common, no one will attempt to deny. Take a lady for example, of refined and amiable disposition, who during the first few months of pregnancy, shows a character just the reverse of her accustomed habit; and it cannot be satisfactorily accounted for in any other way. She is dissatisfied with herself, mortified and grieved, and yet she cannot control her feelings and desires. They are indications of a state of the system, at once peculiar and astonishing; indications that point to a series of connecting influences between the thinking and the generative, that shows them to be intimately associated.

Now if they be so closely related, and the uterus may produce such marked changes in the mental character, why not the brain react upon the womb, and create a corresponding diversity of effects? For the time comes in the history of female life, when the mind acts with mature vigor, and the generative organs decline.

Let us explain. The changes in the uterus connected with conception and its immediate results, are independent of mind. They occur when exposed to the natural stimulus, whether the will of the individual concurs, or not. The mind may oppose, and yet the cell that is lodged in the womb shall grow out of its own life, into its embryo state, and then onward to its fœtal existence. But not so in the dreaded "change of life," occurring in more advanced years. When the uterus will have lived out its term of active service, return to its first estate, and become again a passive organ, the mind will have just grown up to its full proportions, and be capable of acting with a corresponding power. It is therefore suggested, that if the individual be taught to anticipate this change, with cheerful expectations, many of the ills now attendant upon it may be avoided.

Let us enquire what they are.—*New-Jersey Medical Reporter.*

TO BE CONTINUED.

Treatment of Local Inflammations by Impermeable Plasters. An observation upon peritonitis, communicated during the last sitting of the French Academy of Medicine by Dr. Robert Latour, causes us to make known, as precisely as possible, the mode of treatment reported by the author.

Dr. Robert Latour's starting point is the opinion of M. Fourcault, that if by means of an impermeable plaster we exclude the skin of a warm-blooded animal from the action of the atmospheric air, the temperature of the animal will combine and diminish, until the powers of life finally succumb. The immediate action of the air upon the skin, then, is necessary for the development of the animal heat. On the other hand, the local increase of this temperature being the initial phenomenon of inflammation, the author has been led to think that if the inflamed parts were deprived of all contact with the air, the morbid action would be arrested. Experience has tended to confirm this supposition. The means employed by M. Robert Latour to shelter the skin from all contact with the air, is collodion, with the addition of castor oil and turpentine, after the following formula:

Collodion (prepared after the formula of M. Mialhe,) 30 grammes.
Venice turpentine..15 decigrammes.
Castor oil...5 decigrammes.

The collodion is spread upon the diseased part by a brush. Care should be taken to make a coating thick enough to afford proper resistance, and also to go beyond the limits of the inflammation, in all directions.

The diseases against which the author has employed this method of treatment are numerous: erysipelas, zona, traumatic lesions, burns, acute articular rheumatism, peritonitis, pleurisy, &c., are of the number. He reports eighty observations, in which this means has been constantly followed by success. Since M. Robert Latour has made these results known, other physicians have collected facts which go to prove the utility of impermeable plasters; thus M. Blache has seen an inflammation of the breast rapidly disappear by the use of applications of collodion. Experience appears, then, to pronounce in favor of this mode of treatment. But is it really to the diminution of the animal heat that we must attribute the happy effects of the impermeable plasters? There doubt begins to exist. It matters little, however, what the explanation may be, if the therapeutical action of the means employed be really incontestable. N. L. C.

New-York Medical Gazette.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, JUNE, 1854.

Treatment of Scarlet Fever. The proper treatment of this disease has been the subject of two short communications in past numbers of the Journal. Since their publication we have received letters from some of its readers, urging us to give our own views on the subject. This we have neglected to do heretofore, hoping some one would save us the trouble; but having been treating cases of Scarlatina for the last six months, we have concluded to comply. In doing so we have no intention of inflicting upon our readers a prosy dissertation, to embrace well established facts in relation to this much dreaded malady.

The vexed question of contagion we leave to be discussed by those who like, and will confine ourself to a short exposition of the principles on which we found a plan of treatment which has in our hands been eminently successful.

We consider scarlatina a contagious fever, to be classed with the other contagious exanthemata, less contagious than small pox, more so than typhoid (continued) fever, or erysipelas.

Like all other eruptive fevers, it sometimes springs up where we have no reason to attribute it to contagion or infection, and appears, so far as our knowledge extends, to be self-developed. This may terminate as a sporadic case, or may be the starting point of a wide-spread epidemic; depending upon atmospheric vicissitudes and individual predispositions very imperfectly understood.

Its period of incubation may be considered from four to eight days. Dating from the first feeling of illness, the rash should begin to appear in twenty-four hours, and should begin to fade in four or five days from its first appearance. This may be considered the regular course of the disease, when it does its perfect work unembarrassed by accidents or injurious medication.

But the number of cases in which the true order of nature is followed is small, compared to those which are thrown more or less from their natural course by accidental vicissitudes.

On an early and perfect eruption depends the perfection of the disease and the safety of the patient. Not that there is *no danger* from the accidental local lesions so frequent during its progress, but that there is *no safety* when the eruption is imperfectly developed, has retroceded, or prematurely faded.

To allow nature to produce this eruption at the proper time, rendering aid when she is incapable, and withholding officious treatment, is the duty of the true physician.

No physician who has witnessed the graver forms of this disease can have overlooked the fearfully severe struggle which is going on from the first invasion to the perfection of the eruption. In most cases this struggle terminates in the triumph of nature and an amelioration of the sufferings of the patient upon the appearance of the rash; but the powers of the patient may not be sufficient, and the rash may fail to appear from three causes,—a hyperæmic condition requiring antiphlogistic remedies; an anæmic, demanding stimulants, and the irritated, which threatens the life of the child, from the destructive impression produced on the nervous centres through sympathy with the cutaneous disease.

Of the first of these conditions we purpose to say but little. Phlogosis has been the bane and depletion the remedy of medical writers for the last half century, and the disease under consideration has received its full share of antiphlogistic attention.

We have only to say we rarely find it necessary to resort to antiphlogistic treatment in scarlet fever. An emetic or laxative at the onset, which are very likely to be abused, and which will often be anticipated by the spontaneous effort of nature, are the principal remedies of this class found necessary in several epidemics of this disease which we have treated.

The anæmic condition, or that in which the vital powers were inadequate to perfect the eruption, has been that which has oftenest required our interference. In cases of this character we find a rapid, weak and small pulse, skin dry, not very hot, with little or no appearance of the rash after the expiration of twenty-four hours from the invasion of the disease.

The want of power seems most apparent in the vascular system, more especially the vessels of the cutaneous surface; and the great indication is to aid nature in her effort to throw out the rash by those remedies which determine to increased action of the cutaneous vessels. In a word, that class of remedies which we call diaphoretics.

But in choosing from this class we are to keep in view the condition of our patient, and choose that particular article which will act in harmony with the debilitated condition of the system; thus the Pot. Tart. of Antimony would be manifestly injurious; for, although a powerful diaphoretic, it is a decided anti-phlogistic, and acts powerfully to depress the vital powers. Ipecac is less objectionable, and in many cases and in some epidemics is the proper remedy; so often so, that nearly all our systematic writers recommend "a gentle emetic at the outset," as ordinarily safe and proper. This we consider as altogether too sweeping a suggestion; and that the administration of an emetic should be governed by the result of a careful inquiry into the condition of our patient; and only after a careful consideration of the question, Will the action of an emetic do most good by the tendency to promote cutaneous action, or harm by its revulsive effect, in determining from the skin to the gastro enteric mucous surface?

The diaphoretic which has proved in our hands the most safe and reliable in treating this class of cases, is the liquid acetate of ammonia. This we prepare extemporaneously, by neutralizing good cider vinegar with pure carbonate of ammonia; and as the carbonate is of itself little if any inferior as a diaphoretic to the acetate, we prefer a slight excess of this in the solution, and where the debility is very marked we allow this excess to be considerable.

This liquid acetate of ammonia is a diaphoretic, which produces its effect by a stimulant rather than an antiphlogistic action; and although an observer unfamiliar with this disease would perhaps hesitate in prescribing stimulants when the general symptoms are so decidedly febrile, yet an enlightened experience will show him that on them often depends the safety of his patient.

In many cases of this class the Dover powder is an invaluable remedy; and is a favorite prescription in ordinary cases is this, alternating with the acetate of ammonia, which in cases of ordinary severity will yield all the stimulant, diaphoretic and anodyne influence demanded; but we frequently meet with cases where as free an exhibition of the ammonia as a sound common sense will allow falls short of proving adequate to the wants of our case, and the use of the warm bath, and direct stimulation with pure spirit, is necessary to the safety of our patient.

Young children are often in imminent danger, both before and after the full appearance of the eruption, from the severity of the constitutional irritation which their immature nervous organization is unable to withstand. Frequently on the second day of the disease we may find our little patient showing little or no rash, but incessantly changing its position; tossing about the bed often to such an extent as to render it impossible to keep it covered. The same condition may arise also from a retrocession of the rash after its full appearance. Here a mild or expectant course would be sure to end in the death of the little sufferer; but a cool and judicious application of remedial measures will rarely fail. The warm bath and opium are our main hopes in these cases. The first tends powerfully to aid nature in perfecting the eruption; the second is indispensably necessary to keep the patient alive till this is accomplished, and bad luck to the timid practitioner who stops before quieting his patient, because he has given large and repeated doses of some anodyne without apparent effect.

In some of these cases a child of a few years will require as free an exhibition of opium as we would be willing in ordinary cases to direct for a much older patient; but the child *must* rest or its life will soon pass away; and the judicious physician who finds his patient in this state will not leave it till he has by frequent repetitions of a moderate dose brought it decidedly under its influence, where it must be kept by such additional doses as the exigencies of the case demand.

As an anodyne in these cases, we have found the valerianate of morphia the most satisfactory in its results. It is hardly necessary to say that the acetate of ammonia and stimulants are an indispensible part of our means of treatment in these cases, as well as those before mentioned.

But it is not only when the rash is imperfect that our patient may be found in an agony from nervous irritation. For a day or two after its full appearance the skin is in very much the same condition as if burned by the hot sun or with fire; and here also anodynes are often as indispensibly necessary. It is at this stage of the disease, and in the cases where the skin is dry and hot and no perspiration appears, that inunction is so very valuable, and it requires but little thought to perceive that exclusion of the air from the burned skin is the whole office of inunction. Such being the case the purest fresh lard is certainly the most proper article to use for this purpose. We consider bacon or any other sort of rancid or medicated grease as decidedly inferior.

The skin should be kept well protected by the lard till the rash begins to fade, or its necessity is superseded by a free perspiration; and we would here remark that we consider this or any other external application unnecessary and injurious in all cases where the skin is soft and the perspiration free.

We see many cases in which, if properly treated, the rash goes through its course accompanied by a free perspiration, and with little suffering from cutaneous irritation.*

Especial care should be exercised to keep clear of anything which can interfere with the elimination of the materies morbi from the blood through the skin, and every action or neglect of action which can by any chance exert a derivative influence from the cutaneous surface should be carefully avoided.

To the use of *emetics* we have before alluded,—there are many cases where the operation of an emetic will rouse the system to throw out the rash, and have a decidedly beneficial influence; but we fear it is in the abuse of *cathartic* remedies that lies a greater mischief; the free operation of a cathartic at the forming stage of the disease can hardly fail, except in a decidedly phlogistic case; of cooling the surface and producing more or less retrocession of the rash. We would not be understood as sweepingly denouncing cathartics, but only their too frequent and indiscriminate use, for we have often seen the best effects from their proper administration at all stages, and are habitually using laxatives after the rash has faded and the danger of retrocession has passed away.

The external use of *cold water* has been recommended by good authority. We can readily understand that cases may occur in which the external application of water by sponging or the wet sheet of the hydropaths may prove beneficial, but with our views of the pathology of the disease we consider it a hazardous remedy. One of the worst cases we ever treated, was, we believe, rendered much worse than it would otherwise have been, by the free application of cold water, previously to coming under our care.

Of the complications and sequelæ of this disease, our limits do not allow us to speak, nor is it fitting we should. Their treatment is in accordance with well known and established principles, with which all are or should be familiar.

The same application of general principles must guide us in the management of our patient during convalescence; for with the disappearance of the rash, after having run its perfect course, ends the specific nature of the disease, and any functional or organic lesion which then manifests itself, must be treated very much as if arising as an original disease. The deficiency and morbid state of the urinary secretion and the accompanying dropsy will usually yield to appropriate treatment; but it occasionally happens that a multiplicity of local mischiefs exhausts the already debilitated patient to so great an extent as to preclude recovery.

We take the liberty to present the following cases, which have but just passed from our hands, as examples of the way we treat the ordinary as well as the desperate cases of this disease.

M. D——, a lad aged 9 years, was attacked on Sunday, April 30th. He vomited repeatedly during the day and night, the vomiting being accompanied by profuse diarrhœa. We first saw him on Monday, P. M. The evacuations had ceased and he was hot, dry, restless, with a slight appearance of rash about his neck and shoulders; pulse 140. He was ordered 3 grs. Dover powder every six hours, alternating with ʒ ij. liquid acetate of ammonia, sinapisms to the feet, cold water to the head if agreeable, to be kept well covered in bed, and to drink freely of warm catnip tea.

Under this treatment the disease progressed favorably, and he was convalescent on Friday, May 5th. During the first three days of treatment the fever was intense, with a perfect eruption, and considerable delirium at night, yet he rested so well at intervals that it was not deemed advisable to make any application to the cutaneous surface, and on the third day (fourth of the disease) the skin became moist with an amelioration of all the symptoms. The bowels moved once a day during the sickness, and after he became convalescent without any aid from cathartic medicines. The throat was badly swollen, so much so as to render deglutition difficult; the ung. hyd. bin. iod. was applied externally, followed by a bread and milk poultice. Internally, solutions of nit. argent, tannin, and capsicum in vinegar, were applied at different times, and during convalescence it was gargled with strong alum water.

The family consisted of this lad and two sisters of the ages of five and twelve years, who were constantly about their brother from the first invasion till they in turn were attacked; the younger on Monday, May 8th, the other on Friday, the 12th.

The younger was attacked with vomiting, which continued with great severity some five or six hours, when profuse diarrhœa occurred, as in the first case. When first seen on Tuesday, P. M., she was stupid, with a very rapid feeble pulse, skin moderately dry and hot, but no appearance of the rash. The vomiting had ceased but the diarrhœa continued for some hours longer. A course of treatment similar to that pursued with the brother was followed for twenty-four hours, but with no good effect. At this time her pulse was 160 weak and fluttering, very slight appearance of rash, indifference to external impressions, was tossing about the bed to such an extent that several attendants were necessary to keep her covered, swallowed when anything was put in her mouth, but this could only be done by watching an opportunity to insert a few drops from a spoon between her lips, as she was rolling and tossing about.

Although the case appeared hopeless, we determined to persevere while there was life. She was put in a hot bath made by a large blanket dipped in hot water, in which she was kept enveloped for 20 minutes, (to do this required the united strength of two strong persons,) and 30 drops of tr. opii. were administered in divided doses within an hour, with but slight apparent effect. We then prescribed gr. $\frac{1}{16}$ doses of valerianate of morphia, to be given every hour till she rested quietly, and then to be repeated as often as necessary, to keep her quiet, and to give a teaspoonfull of liquid acetate of ammonia every hour, spirit to be added if she appeared cold or sinking.

The next morning, (May 10th, 8 A. M.,) the rash was fully developed, she had taken two doses of the morphia, and had rested considerably, but when not fully asleep was tossing about, and had no more general sensibility than the day before.

The medicines were continued, cold water applied to the head, and she was thoroughly greased with fresh lard every six hours.

8, P. M. Found her bed surrounded by mourning friends, waiting to see her expire, had taken no drink or medicine for six hours, as the parents thought she could not swallow. The incessant motion of her head, which could only be controlled by force, rendered it very difficult to get anything into her mouth. Taking her in our arms and holding her head still, we placed a cup of water to her lips; she drank with avidity; after this drink and medicines were introduced in this way and without much difficulty. The symptoms from this time ameliorated, the anodyne was needed less frequently, but the acetate of ammonia was continued freely till the rash began to fade, on the 13th, at which time sensibility began slowly to return, and she to manifest her wants by words, and on the 15th she was decidedly convalescent. A diuretic, composed of tr. squills, tr. camphor opiata and spt. nitr. dulc., with occasional laxatives completed the cure.

The older girl was attacked as were the others by vomiting and purging, but less severely. These symptoms had ceased when we first saw her.

She was ordered 4 grs. dover powder every six hours, with ʒ iij. doses of the acetate ammonia twice between, and to drink freely of catnip tea. Under this treatment, which did not require to be changed or modified for four days, the rash was perfectly developed, the skin never became dry, and she was convalescent on the 17th, having had a very mild run of the disease.

In closing we may be allowed to offer some objections which occur to us in reading the article of Dr. Cleaveland in our February No.

Dr. C. seems to regard the rash too much as an acute inflammation of the cutaneous tissue. From any such view we would dissent, for we can by no means acknowledge the eruption of this disease or that of Rubeola on Typhoid fever to be the result of inflammatory action. We consider it an effort of nature to throw off a materies morbi from the blood, and the subsequent desquamation of the cuticle as a result of morbid development of epithelial cells rather than a consequence of pure inflammation.

With the views of Dr. C. in relation to the use of emetics and cathartics we have of course no fault to find, agreeing as they do so nearly with our own.

General blood-letting would be practiced by no sane man except in such cases of plethora as are rarely found; we have never bled and never expect to.

The assertion that opium "tends to close up the outlets by which the morbid matter must be removed," we consider altogether too sweeping. That it diminishes the action of the bowels no one will deny, but if our fear of revulsion is well founded, this is a gain rather than a loss, and we have always been taught and yet believe that opium tends to promote increased cutaneous elimination, which is in our view the very object sought in this disease.

The local treatment of the throat should be governed by the application of those principles which are supposed to guide the practice of all educated physicians.

External stimulents and local internal applications are invaluble when applied b[illegible] judicious hand. While one throat will be most benefitted by the "antiphlogistic contact" of nitrate of silver, another will need to be roused to healthy action by the tincture of capsicum, and both may need gargles of tannin or alum at a later stage, and he who cannot distinguish whether his patient needs either or neither of these ought not to treat Scarlatina.

When an external counter irritant is needed, we prefer the ung. hyd. bin. iod., followed by a big bread and milk poultice. This will rarely if ever cause the unhealthy sores so liable to follow the use of cantharides in eruptive fevers.

PRIORITY IN THE MEDICATION OF THE LARYNX AND TRACHEA, is the title of a pamphlet by HORACE GREEN, M. D., reprinted from the American Medical Monthly.

We had intended to express our own views on this question of *priority*; but the following, from the pen of Prof. Bowling, of the Nashville Journal, tells the whole story so clearly that we prefer to copy it entire:

> "To Dr. Horace Green, of New York city, it is not saying a whit too much, is practical medicine of this age more indebted for real progress and improvement than to the aggregate mass of all its cultivators beside. Medical nature is too far tinctured with the *human* to see a brother rise so high 'and blaze with a rapture so divine' as to illumine with its cheering rays the civilized earth, and not feel a desire to 'put out the light.' God be praised that there are but few of these extinguishers, whose love of darkness is only equaled by the darkness of their deeds. It is known to all who have kept pace with the progress of medical matters in this country, that Dr. Horace Green, of New York was not only the first to propose and execute the intromission of a probang and medicated sponge into the glottis, and wind-pipe, but that some of his professional brethren of that city were the first to deny publicly the practicability of such an operation.
>
> On the 19th of September 1840, Dr. Green reported fifteen cases of Laryngitis to the New York Medical and Surgical Society, treated by means of a strong solution of nitrate of silver, applied directly to the mucous lining of the glottis with a sponge probang. Dr. John G. Adams of New-York was the secretary of the society, and recorded the report of Dr. Green on the books of the society with his own hand. From 1840 to 1847, it was repeatedly and publicly denied in New York, and by members of the above society, that the proposition of Dr. Green, to cauterize the interior of the larynx, was practicable. In the mean time Dr. Green had

written a book upon the subject, explaining the advantage resulting from this mode of treatment. After the publication of his work, a committee of the above society was appointed, with Dr. J. A. Sweat chairman, to inquire into the matter, who reported Dr. Green's practice to be a 'dangerous and unwarranted mode of treatment.' Thus conceding the 'practicability,' which they had so long denied. But dear was the price at which they held this concession, not voluntarily made, but wrung from them by accumulating and undeniable facts. The secretary, Dr. Adams, and twelve other members, making in the aggregate an immortal "*thirteen*," introduced and carried in the society, the following preamble and resolution :

"Whereas, Dr. Horace Green has rendered himself disagreeable to a majority of the members of this society, therefore resolved, that he be requested to withdraw from the society." So Dr. Green was killed off. But whether from inherent perverseness, or feline tenacity of life, or the mendacity peculiar to some patients, from which they arrogantly pretend to be alive, when the doctors, in solemn conclave assembled, have pronounced them dead, Dr. Green would not consent to enter the tomb, but being persecuted by the Jews, lo! he turned to the gentiles, a convert to the faith that a prophet hath honor save in his own country. His work was favorably reviewed by the leading British and Continental Journals, the "British and Foreign Medical Reviews" adding, "We have adopted this mode of treatment recommended by him, and can corroborate his statements as to its great value. Cases of pulmonary affections have in our hands been brought to a satisfactory termination, which we are quite sure, under the treatment ordinarily adopted, would have terminated fatally." The "London Medical Gazette," after alluding to the French pathologists in this connection, in a review of Dr. Green's book, says : "Dr. Green was the first to extend its use successfully to parts *below* the epiglottis in various inflammatory diseases of the vocal organs." The "Dublin Quarterly Journal of Medical Science" says, in conclusion of a review, "We shall only say, that we are fully convinced of the originality of observation displayed by our author, and of the perfect truth of the statements contained in his treatise."

In 1851 Dr. Green was in Edinburgh, when the celebrated Dr. Bennett requested him to visit the Royal Infirmary with him and to perform his operation on several patients in Dr. Bennett's ward, who were suffering from laryngeal phthisis. An account of this visit of Dr. Green to the Royal Infirmary, and the extraordinary success of his applications by his peculiar mode, is given in Braithwaite's Retrospect, No. XXIV, page 99.

After all this, one would suppose that Dr. Green would be permitted, as Nicholas said in regard to the Porte, "to remain in repose, free from the bickering of diplomacy." Far from it—now that the "practicability" of his operation is demonstrated every where, and that it is *not* "a dangerous and unwarrantable mode of treatment," but one which brings cases to "a satisfactory termination which under the treatment ordinarily adopted would have terminated fatally," his old friend, one of the immortal "thirteen," and secretary of the society which threw him out of the synagogue, Dr. John G. Adams has discovered, that, admitting the thing can be done, and further, that it ought to be done, and that it is a great improvement in medicine, yet Dr. Green *is not the author of it!* When Dr. Green's statement was published in regard to the new method, he was branded with publishing a falsehood, and claiming to have performed an impossibility. When the practicability was demonstrated, the method was assailed as "dangerous and unwarrantable." When demonstrated to be safe and efficacious, the author*ship is denied him!*

Dr. John G. Adams writes a letter to the editor of the "Gazette Hebdomadaire de Medecine et Chirurgie," which was published in that periodical in January last. In this letter, Dr. Adams states, what he says he can affirm "after conscientious (!) investigation," "the history and practical details" of this method. He says the instrument was invented by Dr. *David* Green. That Dr. Buck of the New York Hospital made some improvements upon it, which were finally perfected by Charriere of Paris. He then asks, "Who first made use of this instrument to carry a caustic solution into the larynx?" "In France," says Dr. Adams "the possibility of introducing the sponge into the larynx even has been doubted—*I have however fully proved this fact three times in the most formal manner*"! Dr. *David* (*not Horace*) Green invented the instrument, and though the "practicability" of introducing the sponge into the larynx has been doubted in *France*, (never we suppose in New York!) Yet *Dr. Adams* has "fully proven the fact three times in the most *formal manner*!"

After this blow, it is to be hoped that Dr. Green will no longer struggle against fate, but, recommending his soul to the Lord, quietly consent to kick the bucket."

NEW YORK STATE LUNATIC ASYLUM. We have received the Eleventh Annual Report of the managers of this Institution for the last year. There appear unequivocal manifestations of a spirit of liberality in its management which cannot fail to result in its prosperity. The board of managers gave the superintendent, DR. BENEDICT, leave of absence without deducting from his salary, that he might spend the winter in a milder climate with the hope of restoring his impaired health. This was to their credit, and we doubt not for the best interest of the institution. It is not the best economy to wear out valuable public servants as we would oxen or horses, for they are not quite as easily replaced.

PROFESSIONAL COMPLIMENT. The class of students who attended the lectures on the Anatomy Diseases, &c. of the Eye, by Dr. MARK STEPHENSON, in New York city, during the past two winters, have presented him the case of eye instruments which were exhibited at the "Crystal Palace" by the celebrated French cutler, Luer.

VIRGINIA MEDICAL AND SURGICAL JOURNAL. **We have not seen a copy of this valuable Monthly since December. How is it, friend Otis, has the Virginia Medical Society absorbed you as well as the Stethoscope?**

Fissures of Anus. Dr. Giuseppe Peirano has used an application composed of three grains of extract of belladonna and four grains of unguentum rosæ, with great advantage in fissures of the anus, an affection which is often obstinate and very painful. In numerous cases this remedy has not only relieved the pain but induced a cure when various applications had been used in vain.—*Revue Medicale.* (*From Gaz. Med. Lombarda.*)

Chloroform. Dr. Hardy (Dublin Journal, Nov.) relates cases to show the efficacy of chloroform vapor directed upon the part in uterine affections. The vapor is applied by means of an instrument consisting of a metallic chamber, to one end of which a pipe with a valve is attached to the gum-elastic bottle. A sponge dipped in chloroform is placed in the metallic chamber, and then, by pressing on the elastic bag, the vapor is expelled through the pipe. In cases of carcinoma and simple ulceration of the os uteri, this plan appears to be very efficacious; but it is useful also in pruritus pudendi, sore nipples, and in other painful affections of the skin.

M. Nelaton (Gaz. des Hop. and Med. Times and Gaz., March 4) relates a case in which the vapor of chloroform directed (by Hardy's apparatus) upon an abscess in the axilla, produced complete insensibility, so that the entrance of the knife was unperceived.

Diabetes Mellitus. Dr. Basham (Lancet, Jan.) relates two cases treated by the permanganate of potash, in doses of ten grains three times daily; the amount of urine was very slightly diminished; the sugar was augmented; the other symptoms were unaffected. Dr. Basham has employed alkaline treatment with advantage; the sulphate of soda was found to be useless. In one case opium was carefully administered, to the amount of three grains daily, but no striking effect was produced.

Gout. Dr. Goolden (Med. Times & Gaz., Nov.) uses with good effect, as a local application, spirits of wine. The relief to the pain is said to be sometimes very great. In the same journal the utility of an old remedy, the carbonate of soda, as a local application in gout and rheumatism, is referred to. A drachm of the carbonate is mixed with a hot bread poultice, and applied over the joint.

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A MONOGRAPH ON THE FŒTAL CIRCULATION.

BY E. R. PEASLEE, A, M., M. D., *Prof. of Anatomy in Dartmouth College and in the New-York Medical College, and of Surgery in the Medical School of Maine.*

[From the American Medical Monthly, May, 1854.]

FŒTAL Anatomy has, for several years past, received a large share of attention, while fœtal physiology has hitherto been, to a great extent, neglected, except so far as mere development is concerned. It is, indeed, a department of no ordinary difficulty, since the human fœtus passes through various successive phases of function, as well as development. In regard to its circulation, for example, it is at one time analogous to a fish; subsequently to a reptile; and does not become a true mammal, indeed, till after birth.

Still, we may now enter this field with views somewhat extended; and it is the object of this paper to show that the view of the fœtal circulation, which is adopted by the highest authorities, is unsatisfactory and incorrect; and to propose such a view as the present state of science demands.

In this view the last half of fœtal life alone is included; and it is proper to commence with a statement of the ideas, both in regard to the course and to the physiology of the fœtal circulation, which are generally entertained.

I. *The course of the Fœtal Circulation.*

About 150 years ago a violent controversy arose in France, and extended to the neighboring kingdoms, respecting the manner in which the blood passes between the auricles, through the foramen ovale.[*] It was excited by Meri's theory—that it passes from the left to the right auricle—while Harvey had assigned to the current an opposite direction. Boerhaave, Lancisi, Winslow and others, investigated the subject; and their conclusions have undergone but slight modifications up to the present time.

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[*] For the arguments adduced in this controversy, see Senac's Traité de la Structure du Cœur, tome 1, *p. 369; and the Supplement*, in tome 2.

The course of the fœtal circulation as usually stated—independently of the inferences generally associated with the facts—is as follows:

1. The aerated, or arterial blood returned by the umbilical vein, from the placenta through the umbilicus, and to the inferior surface of the liver, is thence poured into the inferior vena cava; a part having entered that vessel at once through the ductus venosus,* and the rest having first been transmitted through the liver.

2. The blood in the inferior vena cava is poured into the right auricle, and by the *Eustachian valve turned across into the left auricle through the foramen ovale.*

3. While the left ventricle is thus filled, the right is *filled by venous blood*, from the superior vena cava.

4. The mostly *arterial* blood is sent from the left auricle through the left ventricle into the aorta, and *principally through the branches from its arch* to the head and upper extremities; the *venous* blood in the right auricle is sent through the right ventricle into the trunk of the pulmonary artery; thence in very *slight degree* to the collapsed lungs, but *almost entirely* through the ductus arteriosus into the descending aorta—there to mingle with the *purer* blood which has passed down through the arch of the aorta. 5. This mixed blood is distributed to all the parts supplied in the adult by the descending aorta; and the blood thus carried to all parts below the diaphragm is returned to the right auricle by the inferior vena cava. 6. But the internal iliac arteries are not only distributed in the fœtus as in the adult. They are also prolonged on each side of the bladder, and above it to the umbilicus, and through the latter into the cord, and to the placenta. These prolongations are called the "umbilical arteries;" and by them the blood is returned from the fœtus to the placenta.

This view is illustrated by Fig. 1, here taken from Carpenter's Physiology; and which is placed on another page for the sake of contrasting it with the correct representation of the parts in Fig. 2. Some of the words in the preceding paragraph are also italicized, since they convey incorrect or false ideas, and will be particularly remarked upon in another connection.

II. *The Physiology of the Fœtal Circulation, as at present understood.*

1. The blood arriving in the inferior cava from the umbilical artery, "having been thus transmitted through the *two* great depurating organs—the placenta and the *fœtal liver*—is in the condition of arterial blood; but being mixed in the vessels (the inferior cava) with that which has been returned from the trunk and lower extremities, it loses this character *in some degree*, by the time that it arrives at the heart."—Carpenter's Human Physiol., 4 Ed., p. 997.

2. This mixed blood is prevented, "in *great degree*, if *not entirely*," from farther admixture with the venous blood in the right auricle, by the *peculiar action* of the Eustachian valve; which carries it at once through the foramen ovale into the left auricle.—Ditto.

3. The ventricles contracting, the left propels its "*arterial*" blood into the ascending aorta, and supplies the head and upper extremities *before undergoing any admixture;* while the right ventricle sends its *venous* blood through the (trunk of the) pulmonary artery, and the *ductus arteriosus, into the descending aorta*, there to mingle with the pure blood just mentioned, and be distributed to the trunk and lower extremities.—Ditto.

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* *This vessel extends from the umbilical vein directly into the vena cava.*

4. "Thus the head and superior extremities, whose development is required to be in advance of that of the lower, are supplied with blood *nearly as pure* as that from the placenta;" and *vice versa* as to the rest of the body.—Ditto, and Wilson's Human Anatomy, p. 555.

5. "In the adult the blood would be circulated through the lungs and oxydated; but in the fœtus the lungs are solid and *almost impervious*. Only a small quantity of the blood passes, therefore, into the lungs; the *greater part* rushing through the ductus arteriosus," &c.—Wilson, ut sup., p. 553.

6. "The pure blood from the placenta is distributed in considerable quantity to the liver, before entering the general circulation. *Hence*, the abundant nutrition of that organ, and its enormous size in comparison with other viscera," in the fœtus.—Ditto.

We find essentially the same statements in all the best authors of the present time; and, therefore, no farther quotations or authorities are deemed necessary. We have here, also, italicized such expressions as need particular consideration, on account of their entire or partial incorrectness.

Each of the preceding six propositions will be separately reviewed, with the intention of showing their incorrectness, and at the same time of demonstrating the only true view of the subject. A few remarks will, however, be premised in this connection, expressive of the author's doubts as to the peculiar, and really incredible action universally assigned to the Eustachian valve.

The assumed function of the Eustachian valve not probable.

Some experiments, intended to elucidate this subject, and to which a great deal of importance seems to have been attached, were performed by the late Dr. John Reid.* The following was regarded as the most satisfactory: Having injected both the vena cava, of a fœtus of seven months, at the same time—the superior cava with yellow, and the inferior with red injection—he found that the "red had passed through the foramen ovale, and filled the left side of the heart without any intermixture with the yellow, except very slightly at the posterior part of the right auricle. Not a drop of the yellow appeared to have accompanied the red into the left side of the heart. From the left side of it (the red) ascended the aorta and filled all the large vessels going to the head and upper extremities. The injection in all these vessels had not the slightest tinge of yellow."

The *yellow* "filled the right auricle, free from admixture, except slightly at the posterior part of the auricle, as already mentioned. From the right auricle it filled the right ventricle, passed along the pulmonary artery, and filled the *ductus arteriosus* and branches, going to the lungs. On entering the aorta it passed down that vessel, filling it completely, without any admixture of red; and thus, all the branches of the thoracic and abdominal aorta were filled with yellow. The whole of the red had passed to the upper part of the body," &c.

Dr. Reid's experiments have, however, entirely failed to convince us that the Eustachian valve does, or can turn the current of blood from the inferior vena cava, across the right auricle, and through the foramen ovale, into the left auricle, without admixture with the venous blood from the inferior cava.

It is to be remarked, in the first place, that the complete isolation of the red and the yellow injections occurred only once in three similar experiments, and then in a fœtus of seven months, the others being of four months and at full term. Dr. Reid accounts for failure in the last case, since "the

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* Edinburg *Medical and Surgical Journal*, Vol. 43, p. 11, &c.

Eustachian valve is supposed to be less perfect at the full time than at an earlier period." What Dr. R. supposed, is really the fact, but would it be so, *if* the valve perform the part assigned to it? On the contrary, we should suppose the necessity for the separation of the venous from the arterial blood would increase (if such necessity at any time exists) as the fœtus becomes farther developed; and, therefore, that the valve would be most perfect just at the very end of the ultra-uterine life. It will, however, be shown that no such necessity actually exists at any time during the fœtal existence.

Again, we cannot suppose two currents of injection, forced through the vena cava of a dead fœtus, would comport themselves precisely as would the two currents of blood during life, even were the heart a passive organ. But when we consider its cavities, as exerting both a forcing and a suction power, the difference is vastly increased. In this view, the experiment appears utterly valueless, therefore. But if we are still inclined to regard the result as reliable, then it proves altogether too much—such a perfect non-admixture of the two currents during life being altogether inconceivable.

A distinguished anatomist remarks, in regard to the assumed crossing of the two blood-currents in the right auricle, without intermixture: "how this crossing is affected, the theorist will wonder; not so the practical anatomist."* He then speaks of the direction of entrance of the two vena cava, of the opening of the inferior almost directly into the left auricle; and of the use of the Eustachian valve—as enabling the anatomist at once to perceive the correctness of this theory. We confess that in our own case, the theory is more satisfactory without the anatomy than with it. Or, perhaps, we should rather say, that if our mere anatomy admits the belief in such a non-admixture in a dead fœtus, our physiology will not for a moment, in a living one. And if there *is* an admixture, the assumed function of the Eustachian valve must be relinquished and another be assigned to it, if possible.

On merely *anatomical* grounds, the anterior termination in the auricle of the superior cava may be regarded as necessitated by the relations of its primitive branches, and, therefore, of its trunk; the former being in front of the arteries arising from the arch of the aorta, while the termination farther back in the auricle of the inferior vena cava is demanded, by the liver being in front of it. Thus, also, its termination in the right auricle, so near the foramen ovale, may be necessitated by its relations to the aorta, and to the middle line of the trunk before perforating the auricle; and, therefore, the Eustachian valve may be considered as having a more important relation to the opening of this same vein, and the passage of blood through it, than to the circulation through the foramen ovale—though it may incidentally exert some influence on the latter.

These suggestions, be it observed, are made on merely anatomical grounds. They are made to meet the inferences just objected to, and to show that the latter alone cannot form a reliable basis for the physiology of the fœtal circulation. Other facts, however, will be adduced in favor of the inferences just made; and the anatomy itself will receive some important corrections as we proceed. Meantime, we will regard the assumed function of the Eustachian valve as not proved, and as improbable.

Objections to the physiological views generally entertained.

1. No importance is attached to the fact that most of the blood from the placenta circulates directly through the liver; except so far as its influence

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* *Wilson's Anatomy, p. 554.*

upon the development of the liver itself is concerned, and so far as the liver is a depurating organ. Indeed, it is incorrectly assumed, that the major part of the blood passes through the ductus venosus into the vena cava inferior.

2. The fact that venous blood is returned from the lungs through the pulmonary veins to the left auricle, is entirely overlooked; it being assumed, also, that almost no blood enters the lungs at all,—since,

3. It is incorrectly stated that almost all the blood in the trunk of the pulmonary artery passes into the descending aorta through the ductus arteriosus.

4. No stress is put upon the dilatation or the contraction of the auricles, as having any influence in mixing the blood contained in the two auricles, through the foramen ovale.

5. It is assumed that the greater development of the head and upper extremities at birth, is owing to their having received a very pure blood during fœtal life; and greatly different in this respect from that sent to the trunk and lower extremities.

The validity of these objections, and others hereafter to be suggested, will appear in a subsequent part of this paper. Some remarks, however, in regard to the relative size of the ductus venosus and the umbilical vein, and of the ductus arteriosus and pulmonary artery, are proper in this connection.

I. *Relative size of the ductus venosus and umbilical vein.*

To settle this question, I carefully dissected fœtuses of from six to eight and a half months. They were not injected, from the fact that injection passes more easily through the ductus than through the liver, in a dead fœtus; and, therefore, the former becomes enormously distended, while the umbilical veins, and especially those in the substance of the liver, are less so. Hence it is impossible, in this way, to get a true idea of the relative size of these vessels. I have an injected fœtus at full term, in which the ductus venosus is $\frac{22}{100}$ inch (.22) in diameter, but contracting to $\frac{10}{100}$ (.1) just before entering the vena cava; while the umbilical vein is only $\frac{25}{100}$ inch (.25) in diameter, and the inferior cava is considerably *smaller* than the ductus. Each umbilical artery, moreover, is as large as the aorta actually is in the living fœtus at full term. It is from such exaggerations that we have heretofore acquired our ideas of the relative size of these vessels.

To avoid this source of error, I carefully dissected these vessels, and completely emptying them, laid them in their collapsed state upon a plain surface, expanded to their fullest width by the required manipulations and pressure. The width thus obtained equals the semi-circumference, or $\frac{11}{7}$ of the diameter. The results are not absolutely accurate, for reasons at once apparent. But when vessels of the same structure are thus compared (as veins with veins and arteries with arteries,) the relative size is thus more nearly obtained than in any other way which has occurred to me.

In a fœtus of about eight and a half months, I found the ductus venosus to have a semi-circumference of less than $\frac{5}{100}$ inch (.05;) and the umbilical vein of $\frac{15}{100}$ inch (.15.) In a fœtus of six months, the former had a semi-circumference of $\frac{4}{100}$ inch (.04,) and the latter of $\frac{12}{100}$ inch (.12)—the proportion being about one to three in both cases. Each of the three hepatic veins is quite as large as the ductus venosus; and these, with the latter, carry into the vena cava inferior all the blood brought from the placenta by the umbilical vein, and from the formative branches of the vena portæ. (Fig. 2d, 7.) Admitting that one of the hepatic veins is sufficient to transmit the last mentioned blood (and the small size of the vena portæ before entering the liver warrants this supposition) we have two hepatic veins and the somewhat smaller ductus venosus, to transmit to the vena cava *all* the blood from the placenta; and can perceive no adequate reason why the ductus should transmit more than one third of that blood. Anatomy leads to this inference; though anatomical *experiments*—injected preparations—have led to a different conclusion. We consider the former far more reliable. In the adult, the blood passes through the pulmonary artery and its branches, and through the capillaries of the lungs, and thence through the pulmonary veins into the left auricle—just as rapidly as it passes through the aorta, and just as rapidly as it could pass through the trunk of the pulmonary artery if it terminated at once in the aorta. Probably the same obtains in the case of the fœtal liver. The living blood passes rapidly through its capillaries, because nutrient changes are there going on; while an injection is first stopped by these minute vessels, then flows back through the large trunks to distend them, and finally distends to the utmost, the ductus venosus; and thus at last finds its way almost entirely through this passage into the inferior vena cava and the right auricle.

Therefore, it is believed to be within the limits of truth to say that not over one third, at most, of the blood returned from the placenta through the umbilical vein, is carried into the inferior vena cava by the ductus-venosus.

II. *Relative size of the ductus arteriosus and pulmonary arteries.*

In a fœtus of six months, I found the semi-circumference of the pulmonary artery, before its division, to be $\frac{12}{100}$ (.12) of an inch; and that of the ductus arteriosus, $\frac{4}{100}$ (.04.) In a fœtus of eight and a half months, the semi-circumference of the pulmonary artery was $\frac{25}{100}$ (.25) inch; and of the ductus arteriosus, $\frac{8}{100}$ (.08) inch. In both cases the ductus was perceptibly smaller than either of the two branches of the pulmonary artery, sent to the lungs. In the older fœtus it was also somewhat smaller than either carotid artery; in the youngest I omitted to make this comparison. In these cases, I measured the vessels in a collapsed state, as before described. The ductus tapered towards its distal extremity, in the older fœtus; and was somewhat smaller at its union with the descending aorta, than the dimensions above given.

The *anatomical* inference is, therefore, that the ductus arteriosus does not transmit any more blood into the descending aorta than each branch of the pulmonary artery carries to its lung. If it be remarked that the blood may rush more rapidly through the ductus than through the pulmonary arteries, and therefore a greater quantity be discharged, I reply that it cannot be transmitted into a current more rapid than that in the descending aorta, with which it blends; and as the latter cannot be more rapid than that in the main trunk of the pulmonary artery (since the latter and the aorta, at their commencement, transmit the same amount of blood, as nearly as may be,) it follows that the current through the ductus is not more rapid than that through the pulmonary artery; and the ductus being one of its three branches, it is doubtless far less so. But, it will be remembered, that the two branches of the pulmonary artery, in the adult, transmit as much blood as the aorta, and, of course, with a rapid motion. Is there any assignable reason why the rapidity is not as great in the lungs of the fœtus as in the adult? or, therefore, why they will not transmit as much blood, in proportion to their capacity, and thus carry two thirds of that received by the pulmonary trunk, while the ductus arteriosus receives but one third of the

the same? We think not. But if it should hereafter be proved that the ductus carries even one half of the blood into the pulmonary trunk, into the descending aorta, from having a more rapid current than the two pulmonary branches, the relative size of the ductus and the pulmonary artery remains as before stated; and it will appear that the physiology of the circulation is the same, whether the proportion is greater or less within these limits.

The relative size of the *umbilical arteries* is also greatly exaggerated in injected preparations. Each of these is actually a little more than one half the diameter of the umbilical vein; and once and one half the diameter of the external iliac artery; still being hardly larger than the carotids. When, therefore, we consider how many branches have been previously given off, from the arch to the descending aorta, it cannot be supposed that more than one fourth, and probably not over one eighth of all the blood sent by the left ventricle into the aorta, can be by them returned to the placenta. Only the same amount is, of course, returned from the latter by the umbilical vein; and the mistake of supposing all the blood of the fœtus to be transmitted rapidly through the placenta, as that of the adult is through the lungs, is thus corrected; for the fœtus has a *reptile* circulation.

The accompanying figures will explain the preceding statements.

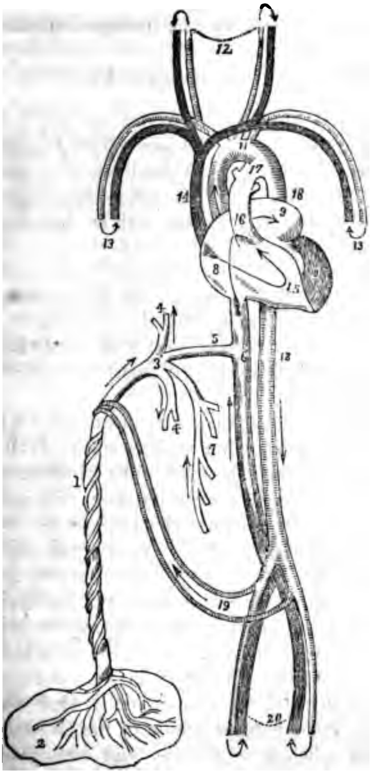

Fig. I.

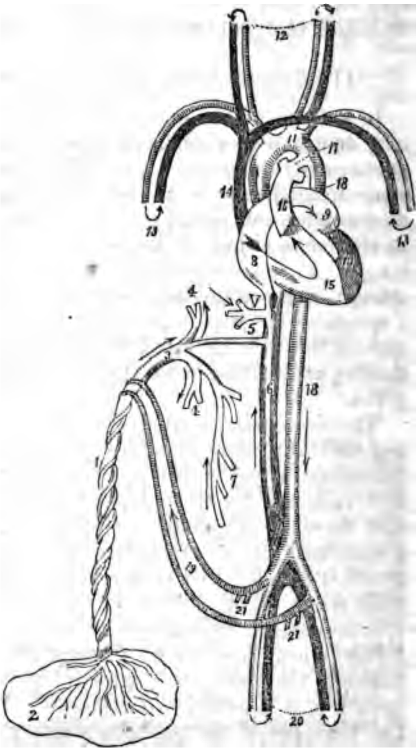

Fig. II.

Fig. I.—Diagram representing the anatomy and physiology of the fœtal circulation—from Carpenter, and Wilson. The numbers represent the same parts as those in the next figure.

Fig. II.—Illustrating the anatomy and physiology of the fœtal circulation—as demonstrated by the writer's dissections.

1—The umbilical cord, with its vein and two arteries, proceeding from 2, the placenta. 3—The umbilical vein, giving off, 4, 4, two principal branches entering 7, the vena portæ; and a third, 5, the ductus venosus (here of its natural size, as compared with 3 and 4.) which enters 6, the ineferior vena cava. V—The hepatic veins receiving all the blood carried into the liver by 4, and 7; and discharging it into the inferior vena cava above the ductus venosus. The three branches generally terminate separately in the vena cava. 6—The inferior vena cava. 7—Formative branches of vena portæ, from alimentary canal, &c. 8—The right auricle; the arrow indicating the course of the blood thence into 9, the left auricle. 10—The left ventricle. 11—The aorta. 12, 13—Arrows showing the return of blood from the head and superior extremities to 14, the superior vena cava; and thence into 8, the right auricle, and 15, the right ventricle; and, in the course of the bent arrow, from the latter into 16, the pulmonary artery. 17—The ductus arteriosus (actual size) terminating in 18, 18, the descending aorta. 19—The umbilical arteries (continuations of the internal iliac, and larger than the external illac) returning a part of the blood in the descending aorta to 2, the placenta. 20—The external iliac arteries, distributed to the lower extremities; the arrows at their extremities show the return of venous blood, by the iliac veins, to the inferior vena cava. 21—The remaining branches of the internal iliac (besides the umbilical arteries,) and which are distributed, as in the adult, to the organs in the pelvis, &c.

Fig. 1st is taken from Carpenter's Physiology, and is here introduced for the sake of contrast with the correct representation. Fig. 2d shows the relative size of the ductus venosus and umbilical vein; of the ductus arteriosus and the pulmonary arteries; and of the umbilical arteries and umbilical veins, &c. It also shows the trunks of the hepatic veins, hitherto omitted; and some branches of the internal iliac, to the pelvis.

I shall now proceed to examine particularly each of the six physiological propositions which have been given as embodying the received view of the fœtal circulation; in the course of which examination still other objections to this view will be suggested; and, finally, such conclusions will be deduced as the present state of physiological science demands.

Examination of the received view of the Physiology of the Fœtal Circulation.

In this examination I shall separately discuss the six propositions on pages 2 and 3, and will refer the reader to those pages to avoid repetition here. The passages which are italicized will demand a particular notice.

Proposition 1*st.*—Doubtless the placenta is a "*de*purating" organ, in its influence upon the blood of the fœtus; *i. e.*, the blood, while traversing its minutest vessels, parts with some of its carbonic acid gas, and receives instead, from the mother's blood circulating in the maternal portion of the placenta, an amount of oxygen gas. Thus the blood becomes aerated, and in the adult would properly be termed arterial blood. This pure blood is, however, not found unmixed in the arteries of the fœtus as it is in the adult, and therefore I shall term it instead, *placental* blood, to avoid all misunderstanding. The *arterial* blood, *i. e.*, the blood *in the arteries* of the fœtus, is a mixture of *placental* and *venous* blood, as will be shown.

But the pure *placental* blood, not more than one third, as has been seen, at once enters the inferior vena cava through the ductus venosus; the remaining two thirds, or more, being distributed to the liver through the vena portæ. The former one third, blending with the venous blood in the inferior vena cava (at least two or three times as much in quantity) is then carried as *mixed* blood (venous and placental, and probably considerably more than two thirds venous) into the right auricle, where we leave it for the present. The remaining two thirds of the placental blood are, 1st, blended with the venous blood brought to the liver from the formative branches of the vena portæ (fig. 2—7,) which may be equal to one third the placental blood in the vena portæ; and thus this also becomes mixed blood, and three fourths placental. But from this mixed blood, the liver is nourished; and thus, according to all analogy, it becomes entirely venous blood, on emerging from the capillaries of the liver into the radicles of the hepatic veins. This blood must, therefore, enter the right auricle from the inferior cava as venous blood; and thus the pure placental blood, passing through the ductus venosus, has been mixed with *five times** *as much* venous blood, at least, by the time it has arrived in the right auricle; and the mixture is now but one sixth placental, and five sixths venous blood. This, also, will be the blood to enter the left auricle, provided no further admixture previously obtains.

But it is also assumed that the fœtal *liver*, as well as the placenta, is a "depurating" organ; and, therefore, the blood discharged by the hepatic veins is arterial, *i. e.*, aerated blood, as well as that transmitted by the ductus venosus. By a *depurating* organ must here obviously be meant an organ that renders impure or venous blood arterial; or that eliminates carbonic acid gas from it, and replaces the same by oxygen. No one, however, it is believed, will distinctly assert that the liver has any such function as this.

It is well known that in the adult, the liver is an eliminator of carbon from the blood, and is, therefore, in this respect, a depurating organ. It is, however, such, only so far as it secretes bile; and in doing this, it does *not* convert venous into arterial blood. We may, therefore, admit that in the fœtus, also, the liver separates carbon from the blood, so far as it secretes bile; while at the same time, there is no reason to believe that it can possibly in any degree convert venous into arterial blood; or, much less, render placental blood more highly arterialized.

To what extent, therefore, the liver secretes bile in the fœtus, is an important inquiry in this connection. In the adult, bile is secreted for two entirely distinct objects,—1st, to aid the process of digestion; and, 2d, to separate, at the same time, certain hydro-carbon compounds from the blood, as a depurating organ, in the sense last specified. These impurities are separated from *venous* blood; and such as, being collected by the vena portæ from the alimentary canal and its appendages below the diaphragm, contains the crude elements of the food, abounding in the hydro-carbon compounds alluded to.

On the other hand, in the fœtus, the bile cannot be secreted in aid of digestion at all. Moreover, the blood from the alimentary canal does not here differ from venous blood in other parts of the fœtus; it being nowhere laden with the hydro-carbon compounds derived, in the adult, from the food. Very little bile, then, it may be supposed, is separated as an impurity from this venous blood in the formative branches of the vena pertæ, though a very small quantity may possibly be there separated. But there is no other source for bile besides, except the pure placental blood in the liver from the umbilical vein; and to suppose this secretion to be separated from arterial blood, is both to adopt an idea opposed to all analogy, and, at the same time, to assume a necessity for the production of such a secretion from elements assumed to exist in the placental blood; while there is not a shadow of reason for believing either in such a necessity, or in the existence of such elements.

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* *Twice* as much in inferior vena cava; *as much* from branches (7) of vena portæ, and twice as much from two hepatic veins.

But we are still pointed to the fact, that the meconium found in the alimentary canal at birth, contains some of the peculiar elements of bile; and to this fact we are by no means indisposed to give its due weight. It has already been admitted that the fœtal liver may secrete a small amount of bile from the venous blood derived from the formative branches of the vena portæ; and the following facts go to prove that the amount actually *is* very small. 1. The whole quantity of meconium secreted during fœtal life (none being evacuated till after birth) is small; and yet more than the last half of fœtal life* is required to produce the small amount found in the intestines at birth—a fact showing how slowly it is separated from the blood. But, 2d, only a comparatively small part of the meconium is actually bile. According to Dr. Davy's analysis,† 100 parts of meconium consist of—

Water, - - - - - - - -	72.7
Mucus and epithelium scales, - - - -	23.6
Cholesterine and margarine, - - - -	0.7
Coloring and sapid matter of bile and oleine, -	3.0

Here we find less than 3.7 per cent. of matter peculiar to bile, while at least 8 per cent. of such matters are found in the pure secretion. The inference, therefore, is, that less than one half of the meconium is actually bile. Simon's analysis of *dried* meconium leads to a similar conclusion; it contained only 40 per cent. of matter peculiar to bile, while dried *bile* contains 80 per cent. of such matter.

We cannot, therefore, regard the fœtal liver otherwise than as a very feeble depurating organ, though it is such in the sense last explained. But I submit that the bile is secreted, not merely to depurate the blood of the fœtus, but to secure the discharge of the mucus and epithelium scales from the alimentary canal immediately after birth, and thus to prepare it for the reception of food. At all events, it is believed that the conversion of the placental blood into venous, in the capillaries of the liver, as before explained, would far more than compensate for all the depurating power the liver can possess as a secretor of bile; and, therefore, that the placental blood transmitted by the hepatic veins into the vena cava does *not* enter the latter vessel in a purer state than it entered the liver.

Consequently, it does not leave the fœtal liver "in the condition of arterial blood;" and to say that, after it enters the vena cava, it "loses this character in some degree by the time it arrives at the heart," has been shown to be altogether too feeble an expression to cover the facts—five sixths of *all* the blood entering the right auricle from the vena cava inferior being venous.‡

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* No meconium is found in the duodenum till the fourth month is completed.

† Simon's Chemistry of Man, Vol. II.

‡ This proposition is adopted, it will be remembered, on the calculation that the ductus venosus carries one third of all the placental blood into the vena cava inferior. But if even *one half* be assigned to this duct, and no allowance at all be made for the blood carried into the liver by the formative branches of the vena portæ, it would still follow that three fourths of all the blood poured into the right auricle from the inferior cava is venous blood. No one, it is believed, can demand such an assignment, however, with a knowledge of the facts I have stated, or will doubt that five sixths is a more accurate calculation.

Why, then, is the liver so enormously developed in the fœtus, if not a powerful depurator of the blood, as a secretor of bile? Because it has another entirely distinct and but recently discovered function to perform. But this question will be more appropriately answered in our remarks on the sixth proposition.

Proposition 2d.—In regard to the non-admixture of the blood from the inferior vena cava (five sixths venous,) while in the right auricle, with that entering the same cavity from the superior vena cava, certain doubts have already been expressed. Of course, all belief in the complete non-admixture is based upon the supposed peculiar action of the Eustachian valve, which, it is said, carries it at once through the foramen ovale into the left auricle. It has been shown that Dr. Reid's experiments on this point are entirely inconclusive, and that, on anatomical grounds, it is as probable that this valve has a more important relation to the circulation through the inferior vena cava, than to that through the foramen ovale. But such as still insist on this non-admixture, are requested to explain how, by any *possibility*, the two auricles can contract from 140 to 150 times a minute, as in the fœtus, without securing some admixture, through the foramen ovale, of the blood distending the two auricles? And if this result does occur at all, then the object of the supposed non-admixture of the two currents in the right auricle is just so far frustrated; and it is hardly probable that a special mechanism is provided to keep the blood from mixing when it first arrives in the right auricle, and another which secures its admixture the $\frac{1}{140}$th part of a minute afterwards. Or, if it be remarked that the *valve* of the foramen ovale prevents the mixture of the blood *through* the foramen, we will recur to the period of fœtal life, when there was no septum at all between the auricles, and the subsequent period when the foramen exists, but no valve is yet formed. Must there not be a *complete* admixture of all the blood in the auricles up to this time? And must not this admixture through the foramen continue, only diminishing in proportion as the valve of the foramen becomes more complete.

In a fœtus of somewhat more than six months, I find the valve occludes near three fourths of the foramen, and in one of eight and a half months, about five sixths of it. It will, therefore, admit still of a considerable degree of mixed blood through it; and not until the foramen is completely closed (which, of course, never occurs till after birth,) can all admixture through it be prevented. but this partial prevention of admixture is not the object of the development of the valve of the foramen, merely incidental to its formation. Nor is the well-being of the fœtus at all compromised by such admixture, though the contrary has been hitherto affirmed. The following considerations will illustrate this point.

It has already been stated, that at one period of fœtal existence, the circulation is analogous to that of a fish. At this time the heart consists, as in the fish, of a single auricle, a single ventricle, and a bulbous arteriosus. Subsequently, the ventricle is divided into two cavities, by the formation of a septum, completed at the ninth week; and now the fœtal heart is, in respect to its function, precisely that of the reptile, and consists of two ventricles and a single auricle.* This is, in fact, the type of the fœtal circulation till birth. The septum between the two auricles, first appearing at about three months, is for some time very imperfect, from the opening called the foramen ovale remaining very large; then the valve of the foramen ovale gradually diminishes the opening, as it increases in size, and in the same proportion interferes with the mixture of the blood in the two auricles during their contraction. But we must regard the formation of the valve merely as a gradual approximation to the type of circulation to come at once after birth, and to the construction of the true *mammal* heart—of two auricles and two ventricles—which is required by that new mode of existence. We can only say, the valve, by its gradual development before birth, has, by that time, produced a *mammal* heart, *as nearly as is consistent with a reptile circulation;* and which may at once act as a mammal heart when birth takes place. The foramen ovale is perfectly closed in about eight days after birth; and then the true mammal heart becomes perfect, in structure as well as function.

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* The precise difference between the fœtal and the reptile heart, in *structure*, will appear on a subsequent page.

But though the valve of the foramen ovale *may*, incidentally, to some extent prevent admixture of the blood in the two auricles, while they are contracting during the last few weeks of the fœtal life; still, this result is of no importance whatever, since it will now be shown that the blood in the left auricle is, on its first arrival in that cavity, probably quite as impure as that in the right auricle.

This proposition implies that the Eustachian valve does *not* prevent an intermixture in the right auricle of the blood from the inferior vena cava with that from the superior cava, by directing the former current at once from the vein through the foramen ovale—as is assumed. Objections to Dr. Reid's experiments have already been made, and others will now be added.

1st. If the Eustachian valve is formed to turn the current from the inferior vena cava at once through the foramen ovale, it must be admitted that its position is very unfavorable for the accomplishment of that object. The best position would evidently be secured, if it projected from the outer wall of the vein, and thus presented its free border towards the foramen ovale, in a line extending antero-posteriorly. According to my observations, it actually projects from the anterior wall of the vein, though obliquely, so as to terminate at the antero-inferior border of the foramen ovale. Sometimes, however, it is attached even to the middle of the posterior, or left, border of the foramen ovale; a position far more unfavorable than the one just mentioned. A glance at the following figure will illustrate this point.

2d. It has been remarked, that if the Eustachian valve does keep the purer blood from the inferior vena cava from mixing with the less pure blood from the superior cava, we should expect it would remain perfect till birth; while in fact it becomes atrophied from the seventh month, and continues to diminish, while the valve of the foramen ovale increases in size.

3d. The increase of the latter valve, while the Eustachian is diminishing, might seem to imply that the former comes, in some degree, to supply the place of the latter. But it is impossible that the former can, in any degree, direct the blood from the inferior vena cava *through the foramen ovale.*

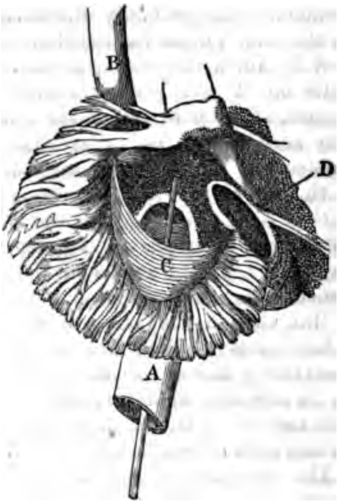

Fig. III.—Modified from Weber. The Eustachian valve at six months. A—Inferior vena cava. B—Superior vena cava. C—Eustachian valve in front of termination of A; its inner extremity attached even to the middle of the posterior border of the foramen ovale, D. The upper end of the probe, passing through the inferior vena cava, rests on the posterior wall of the right auricle; and just below it is the opening of the coronary vein, partly-closed by its valve.

It is inferred, therefore, that the Eustachian valve is not formed to "prevent in great degree, if not entirely," the admixture of the blood from the inferior with that from the superior cava. That it may have some effect of this kind while the valve is largest, is possible; but this possible effect is incidental to another function, and in itself, if actual, is of no physiological importance whatever.

What, then, is the true function of the Eustachian valve? After much reflection and study of its forms and relations, the ideas of Winslow,* published nearly one hundred and fifty years ago, seem the most philosophical, viz., that it opposes the regurgitation of the blood from the right auricle into the inferior vena cava; while it also, as Lancisi maintained, prevents the current from the superior cava from falling too forcibly upon that of the cava inferior. The effects of such a regurgitation in preventing the arrival of the placental blood in the heart, need not be specified; and it is equally apparent that if this be the true function of this valve, it is replaced, so far as regurgitation, from the left auricle, and then into the inferior cava is concerned, by the valve of the foramen; and therefore in proportion as the latter is developed, the former may become atrophied, as already explained. It may, also, be added, that the position of the Eustachian valve, though unfavorable for directing the blood through the foramen ovale, is the only possible one in which it could both prevent regurgitation and break the impetus of the current from the superior vena cava, and, at the same time, *not much* OBSTRUCT the passage of the blood through the foramen ovale. These three results are, however, unimportant after birth, and when no placental or arterial blood is to enter the right auricle; and hence the valve is atrophied and useless after that event.

3d Proposition.—Before entering upon this, we may recapitulate the two principal points just established, viz:

1. That of the blood arriving in the right auricle from the inferior vena cava, about one sixth is pure placental blood, and five sixths are venous; and,

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* *Memoires de l'Academie Royale.* 1717.

2. That the Eustachian valve has little, if any power (and none, certainly, in the last part of fœtal life) to prevent the admixture of the blood arriving in the right auricle from the two vena cava.

Now, admitting that the superior vena cava discharges but one half as much blood as the inferior—and which is certainly a sufficiently *low* estimate—it will add three parts more of venous blood to the three of venous and one of placental blood from inferior vena cava; and thus, of all the blood filling the right auricle, one ninth will be placental and eight ninths venous.* It has also been shown that the same mixed blood must enter the foramen ovale and fill the left auricle, except so far as the Eustachian valve may possibly, incidentally, and in less degree as the full term approaches, direct a somewhat larger proportion of the blood from the inferior cava through that opening, than of that from the superior cava. If, however, any difference as to the purity of the blood in the two auricles be produced in this way, it must be before the Eustachian valve is much atrophied; and, therefore, at the time when the valve of the foramen ovale being still slightly developed, the blood in the two auricles will be mingled through the foramen ovale at each contraction. We, therefore, conceive no essential difference as to the purity of the blood in the two auricles can exist. If, however, it be still asserted that the blood would not be mixed to any considerable extent through the foramen during the last four to six weeks before birth, let it be remembered, both that the Eustachian valve cannot then perform its assumed function, and also that the blood in the left auricle is constantly rendered less pure by the venous blood entering it directly from the lungs, through the pulmonary veins. The amount of venous blood thus returned is far greater than has been hitherto admitted, being about two thirds of all sent through the pulmonary arteries. The improbability is therefore extreme, that the blood in the left auricle is essentially, or indeed in any degree, purer than that of the right auricle. It may also be remarked that the dilitation or *diastole* of the auricles, exerting a suction power on the blood entering these cavities from the veins, would also commingle the blood as it enters the right auricle, and then passes through the foramen ovale to the left; and even before the auricular contraction takes place.

We, therefore, perceive that when the ventricles contract, after receiving the blood from the auricles, the *left* ventricle does *not* send "arterial" blood, *before undergoing any admixture,* into the ascending aorta, &c.; but it sends a *mixed* blood, probably eight ninths venous (and certainly more than five sixths venous) into that vessel. Neither does the *right* ventricle send more *venous* blood into the pulmonary artery and onwards; the latter blood being as pure as the former, or five sixths to eight ninths venous.

The same is true of the reptile, though the heart of the latter consists of two auricles and but a single ventricle. One auricle receives the venous blood from the whole body, like the right auricle of the human adult; the other receives the aerated blood from the lungs. Both contracting simultaneously, these two kinds of blood are forced into the single ventricle, and there mixed; and the latter sends this *mixed* blood through the aorta to the body generally, and also through another much smaller vessel—the pulmonary artery—to the lungs, for further aeration; equally pure blood being sent through both these vessels.

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* If three fourths instead of five sixths be insisted on, (note, p. 13,) then the blood *filling the right* auricle would be one sixth placental and five sixths venous. In either *case, its highly venous* character is established.

The fœtus has a *single auricle* (*actually* at the third month and later, and *practically* until birth,) and two ventricles. Yet, precisely as in the reptile, the same *mixed* blood is poured into the aorta and the pulmonary artery; it being mixed, in the reptile, in the single ventricle, and in the fœtus, in the (practically) single auricle, before it enters the double ventricle. Why, then, is not the auricle of the fœtus double and the ventricle single, as in the reptile? A little reflection will show that the arrangement actually existing in the fœtus is the only simple one which is compatible with the requirements of the case, viz: a *temporary reptile circulation to be instantly changed to a permament mammal circulation.*

What has so long been taught, therefore, in regard to the ductus arteriosus carrying *venous* blood into the descending aorta for a particular reason, must at length fall to the ground.

4th Proposition.—It does *not*, therefore, follow that the "head and superior extremities are supplied with blood *nearly as pure as that from the placenta*," though it is true that these parts are developed in advance of the trunk and lower extremities. Nor is it the fact that the last mentioned parts are supplied with a less pure blood than the others. It has been shown that the pulmonary artery receives *as pure* blood as the aorta. This is necessitated, also, from the physiological fact that the pulmonary artery is the *nutrient* artery of the lungs;* as the history of the development of these organs clearly indicates; though it would carry me too far from my present purpose to explain this point at length. It has also been shown that the blood entering the aorta from the left ventricle is as impure as that contained in the right side of the heart. If still farther proof is required, it may be remembered that in cases of cyanosis, or patency of the foramen ovale after birth, the livid color of the face, and all other parts of the surface, affords a visual demonstration of the assertion that the aorta circulates highly *venous* blood. And can we suppose the blood in the aorta is purer before birth than afterwards?

It has been assumed that the earlier development of the head and superior extremities, is at the same time an effect of their being nourished by a purer blood, and also a proof of such superior purity—a good illustration of what logicians term "reasoning in a circle." It has been shown that no such difference in the purity of the blood can exist. But this question will also be briefly considered, on independent grounds, since so much importance has been attached to this assumption.

It is true that the organs of sensation, deglutition, and prehension, are early needed and early developed; and this implies an early development of the brain and spinal cord—and, in a word, of the head and superior extremities. These parts are also supplied with blood from the arch of the aorta. But it is equally true, that the alimentary canal, and the urinary apparatus, are quite as far developed at birth; though the latter organs are all supplied by the descending aorta. A difference in the purity of the nutrient blood cannot, therefore, account for the more early development. Or, if it still be insisted that we may thus account for the facts, how, then, shall blood of *equal* purity, sent to the upper and lower extremities *after* birth, enable the latter to gain upon and overtake the advanced development of the former?

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* Dr. Heale has recently demonstrated the same proposition, and shown that the bronchial arteries only give the vasa vasorum to the pulmonary, and supply the pleura, also, in part. See *April ('54) No. of the* MONTHLY, p. 302.

And, again, if a purer nutrient blood produces a more rapid development of the head and superior extremities of the human fœtus, the same should obtain in all the mammalia—the fœtal circulation being in all essentially the same; and we may inquire, why the posterior extremities of the calf, the sheep, and the dog, are, at birth, equally developed with the anterior extremities and the head?

Thus comparative physiology again leads us to the conclusion that there is no difference as to the purity of the blood contained in the ascending and the descending aorta, as it previously has indicated that the blood in the pulmonary artery and the ascending aorta are, in respect to purity, the same.

How, then, shall we account for the earlier development of the head and superior extremities? We can only say it is an ultimate fact—*a law of development.* And yet, it is certainly no more difficult to explain how they are *first* developed while they receive the *same* blood as the lower extremities, than it would be to explain why the alimentary canal and kidneys are *equally* developed with them, on the other supposition—that the latter are nourished by an *inferior* blood.

The great law of development appears to be, that "the parts and organs first needed are first developed;" and is applicable also to different parts of the same apparatus, and even to different portions of the same organ, e. g., the ribs are developed earlier than the sternum—the bones at the base of the cranium earlier than those of the vertex—the laminæ of the vertebræ before the bodies, and those of the dorsal region first of all—and the organ of sight previously to that of smell. But, as the parts and organs needed, immediately after birth, vary in different animals, we find a corresponding difference in development up to that period. The young of the marsupialia, remaining, for some time after birth, in a pouch, and attached to the mammilla of the mother, is an embryo, rather than a fœtus, when born, so far as development is concerned. The herbivora and carnivora, needing immediately to be able to stand and walk, have all the four extremities equally developed at birth. The human infant is very differently circumstanced in this latter respect; and to distend the uterus during gestation with a pair of well-developed inferior extremities, which are not to become available for several months after birth, would certainly be productive of some inconvenience, without any compensating advantage; especially since, as things now are even, the motor powers of these less-developed limbs are not seldom by mothers found to be inconveniently energetic.

Thus, the idea of a purer blood being sent to the head and upper extremities, is shown to be untenable, from whatever point of view we consider it. And, as it was suggested at first, from a mere desire to account, and for the special purpose of accounting for the earlier development of the upper parts of the fœtus—and other facts have been perverted to support it—it is, at last, high time to remand it back to the brain, now long since mouldering in the dust, which first conceived it.

5th Proposition.—We have next to show the incorrectness of the assertion, that "in the fœtus the lungs are solid and *almost impervious;*" and that the "*greater part*" of the blood in the pulmonary artery "rushes through the ductus arteriosus" into the descending aorta.

It is true that the fœtal lungs are more solid than they are after birth, but no more so than the liver or the kidneys; and therefore we discover no reason why they are more impervious to the circulation than these organs—*which transmit* an abundance of blood. Moreover, we have discovered a reason for admitting a free circulation through the fœtal lungs, in the comparatively large size of the pulmonary arteries and veins; and a *necessity* for such a circulation, since the pulmonary arteries are the *nutrient* arteries of the lungs. It has been seen that, if we may judge from the size of the two branches of the pulmonary artery, compared with that of the ductus arteriosus, about two-thirds of all the blood sent from the right ventricle traverses the lungs, and is, of course, returned as *venous* blood to the left auricle, by the pulmonary veins. In the fœtus, a *mixed* blood is sent through the lungs for their nutrition, for entirely venous blood will not accomplish that object; in the adult, *venous* blood is sent through the lungs first for "oxydation," or aeration; and secondly, for the nutrition of the lungs after aeration is secured.*

Thus, also, the "greater part" of the blood in the trunk of the pulmonary artery does not rush through the ductus arteriosus—only about one-third of that blood is transmitted through this duct. It has also been shown that the blood it transmits is as pure as that sent through the left auricle directly into the ascending aorta. The ductus does not, therefore, terminate in the descending aorta, in order to avoid mixing its impure blood with that sent to the head and upper extremities, but for some other reason; and we deem it unnecessary to look for it beyond the fact that the commencement of the descending aorta is the *nearest* point in that vessel which the ductus can enter. What, then, is the true function of the ductus arteriosus? It is, we conceive, merely a "waste pipe," to conduct at once into the aorta all that part of the blood in the trunk of the pulmonary artery which the collapsed fœtal lungs cannot receive. Hence, as soon as the lungs are distended by the first inspiration, and thus made capable of receiving and transmitting *all* the blood sent from the right auricle and ventricle into the trunk of the pulmonary artery, the ductus becomes at once useless, and, together with the foramen ovale and the ductus venosus, becomes completely closed about eight days after birth.†

But while the fact is insisted on, that the pulmonary artery and the aorta carry equally pure blood, it must be remembered that in both these vessels there is not more than one part of pure placental blood to six or eight of venous blood. Thus the blood in the arteries of the fœtus is but slightly more pure than the venous blood of the adult. It seems to have been taken for granted that the organs of the fœtus (the head and upper extremities, at least,) must be developed from pure arterial blood—blood as pure as the arterial blood of the adult. It is now apparent that no such blood exists in any artery possessed by the fœtus; but only in the umbilical vein, and the ductus venosus. All the organs of the reptile are also developed from a mixed blood.

But while blood of equal purity is sent through the pulmonary artery and the aorta in the human fœtus, the blood returned to the placenta for farther purification is just *as pure* also. The umbilical arteries are merely continuations of the internal iliac arteries, and, of course, contain the same blood as the aorta. But here, again, the analogy to the reptile is perfect; the *mixed* blood in the single ventricle being sent, in part, through the pulmonary artery and lungs for further aeration, while the rest is sent through the aorta and its branches, for the nutrition of the body generally. In the reptile, moreover, the pulmonary artery is smaller than the aorta, and less blood passes through the lungs than through the aorta and to the tissues generally. In the fœtus, also, much more blood passes through the aorta than to the *placenta*—it having been shown that the umbilical arteries cannot transmit more than one sixth of all the blood received by the aorta at its commencement. In the human adult, as much blood is sent through the lungs as through the aorta and its divisions; and it is calculated that the whole mass in the body may pass through them, and therefore become aerated in the space of three minutes; the standard of aeration in the adult is therefore high. In the fœtus, on the other hand, the umbilical arteries can return the blood to the placenta only about one sixth as rapidly in proportion as it is circulated through the lungs in the adult; and, therefore, the standard of aeration in the fœtus, as in the reptile, is low. And the *mixed* blood in the umbilical arteries being returned as pure *placental* blood by the umbilical vein, this low standard of aeration of the mass of blood in the arterial system of the fœtus is thus constantly maintained, though the quantity of *pure* blood returned to the heart through the ductus venosus is so small.

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* For an explanation of this, see the MONTHLY, April No., 1854, p. 303.

† Billard found that of nineteen infants who had lived but one day, the foramen ovale was completely open in fourteen; in two it had begun to close; and in two it was completely shut. Of twenty who had died on the eighth day, five only still had the foramen open.—*Traité des Maladies des Enfans nouveau-nés.* 1828.

There are other peculiarities of arterial fœtal blood, besides its *venous* character and appearance, as (compared with the mother's blood) its abundance of colored corpuscles, and its deficiency of fibrine. But, upon these peculiarities I need not dwell; nor is farther proof required, it is believed, of the incorrectness of the proposition now under consideration. And should it, at any time, be proved that even one half of the blood in the trunk of the pulmonary artery traverses the ductus arteriosus, its physiological inaccuracy would remain unchanged.

6th Proposition.—There can be no doubt that the large size of the fœtal liver is the direct result of the distribution to it of a large amount of the pure placental blood. Indeed, it has been shown that while other organs in the fœtus are nourished from a mixed blood (not more than one sixth placental) this organ alone is nourished by a mixture of three fourths placental blood. A comparatively early and enormous development might reasonably be expected, therefore; and it is found actually to obtain.

But we cannot regard this enormous development as merely a casual result of the distribution of a great amount of pure blood to the fœtal liver, as the quotation constituting the proposition now under consideration seems to imply. We believe the law of development, before mentioned, is as applicable here as elsewhere; and that the blood is sent to the liver on purpose to develop it—it being largely and early developed, because early needed, in the fœtal economy.

What, then, is the function of the fœtal liver requiring so early and so enormous a development? The liver of the reptile is also largely developed, and here we discover another analogy with the human fœtus. We have also seen, that it cannot be as a secreter of bile that the liver is so early needed. Bile is not found in the intestine at all till the fifth month; and it has been shown that only a small quantity, in the aggregate, can have been secreted previously to birth. On the other hand, the liver is one of the first organs becoming distinct in the embryo; constituting, at from three to five weeks, over one half the weight of the entire embryo; almost entirely filling the abdomen at twelve weeks; and constituting $\frac{1}{18}$ part of the weight of the whole body at birth. The inference is, therefore, that the liver performs some functions before it becomes a secreter of bile, to a perceptible extent—

that this is a more important function than the one later manifested—and that it continues in full activity till birth, when it diminishes.

Those who are familiar with the recent experiments of Bernard, of Paris, will not hesitate to decide, that the function of the liver, as a *blood-making* organ, is the one in question. For, it must not be forgotten, that the fœtus makes its own blood; not deriving a particle of *blood* from the mother's vessels, but merely the *elements* from which it forms its own vital fluid. That the liver is the organ most important in the blood-making process, has been demonstrated by Bernard; and surely, there is no time when its action is so much required as when the first blood is to be formed, and increased, and all the tissues are to be developed—from elements obtained from the blood of the mother. Hence the large development of this organ in the fœtus.

But the liver actually diminishes in size at once after birth—the diminution affecting principally the left lobe; and which, in the fœtus, is about as large as the right. Indeed, it is not till the infant is from ten to twelve months old that the liver has again become as large as it was at birth. Doubtless the withdrawal of the pure placental blood from this organ at birth, and the substitution of mere venous blood in the vena portæ, is the immediate cause of this atrophied condition of the organ for a time. Still we cannot regard this condition as merely accidentally owing to that cause. The blood of the new-born infant is to be formed from elements contained in food, and not derived as before, directly from the mother's blood-current. True, the milk naturally destined for its nourishment is also obtained from the mother's blood. But the gland secreting it has elaborated its elements from the blood; and, it being digested before entering the liver, less of the peculiar action of the latter organ is probably required in the blood-making process. When, however, the child begins to take a variety of aliment—or when somewhat more than a year old—the liver is found to have regained its weight at birth, and now gradually proceeds to its full development in the adult, when it constitutes about $\frac{1}{36}$ part of the entire weight of the body. These remarks are, however, made, not so much to explain the atrophy of the liver after birth, but as naturally suggested by and associated with its occurrence.

The vena portæ in the fœtal liver is, therefore, in all respects, an *artery;* it carries the pure blood from the placenta, and is the *nutrient* artery of the liver, as the pulmonary is of the lungs. It is, however, also, something more. The formative branches constitute the true vena portæ in the fœtus, as well as in the adult; and, therefore, its branches in the substance of the liver, containing the venous blood from these—mixed with the placental blood before explained—represent the vena portæ in the liver of the adult, containing only venous blood, from which the bile is secreted—at the same time that it is the only nutrient artery of this organ. After birth, the hepatic artery, which, in the fœtus, does hardly more than afford the vasa vasorum to the vena portæ, becomes the sole nutrient artery of this organ, as it alone transmits arterial blood. For the assumption appears well founded, that after birth the tissues can be developed and repaired from arterial, or completely aerated blood alone; while the tissues of the fœtus are formed, as have been proved, from a mixed blood, of which—except in case of the liver alone—the venous forms from five to eight times as large a proportion as the placental or aerated blood.

Having completed my examination of the propositions under consideration, I now conclude with a recapitulation of the conclusions which have been arrived at, and which together constitute, it is believed, such a view of the fœtal circulation, during the last half of fœtal life, as the present state of physiological science demands.

The view of the fœtal circulation required by the present state of physiological science.

1st. The human fœtus, during the last half of fœtal existence, has a *reptile* circulation—the mammal circulation commencing at birth; and the structure and the function of each particular part of its circulatory apparatus are in subservience to this fundamental fact. The characteristics of a reptile circulation are—1, the circulation of a *mixed* blood, and of the same degree of impurity, through both the aorta to the tissues, and through the pulmonary artery to the lungs; and 2, the transmission of far less blood to the aerating apparatus than is sent through the aorta.

2. The foramen ovale with its valve is the only simple mechanism which could answer the requirements of the case, viz., a temporary reptile circulation, with a capability of instantaneous change to a permanent mammal circulation, the foramen becoming permanently closed about eight days after birth.

3. The ductus arteriosus is merely a "waste pipe," conducting into the nearest portion of the aorta that part of the blood sent into the trunk of the pulmonary artery, which the collapsed lungs of the fœtus are unable to receive. After birth the latter admit all the blood, and the ductus is, therefor, useless. It does not enter the descending aorta to avoid sending its blood to the head and upper extremities.

4. Though the lungs are more solid in the fœtus than after birth, they are probably permeated by about two thirds of the blood entering the trunk of the pulmonary artery, and this is returned as *venous* blood to the left auricle.

5. The blood arriving in the right auricle from the two venæ cavæ is completely intermixed by the diastole and systole of this cavity; and the same mixed blood is therefore transmitted through the foramen ovale into the left auricle. Or, if by any possibility more placental blood enters that cavity, the venous blood returned by the pulmonary veins most probably counterbalances that advantage.

6. The Eustachian valve cannot prevent the admixture of the blood from the venæ cavæ, nor direct that from the inferior cava at once through the foramen ovale; it merely prevents regurgitation from the auricle into the inferior vena cava, at the same time incidentally preventing the current from the superior cava from impinging so forcibly upon that of the inferior. Hence the valve of the foramen ovale replaces it to some extent, in respect to its principal function; and, therefore, it becomes atrophied in proportion as the latter is developed.

7. No artery in the body of the fœtus contains *arterial* blood. The aorta and pulmonary artery, and all their branches, contain a *mixed blood*, about five parts, at least, venous, to one part placental. The precise proportions, however, are unimportant, the blood being of a *highly venous* character, and as impure in the aorta as in the pulmonary artery. Only the umbilical vein and the ductus venosus contain pure aerated placental blood.

8. The umbilical arteries contain the same mixed blood as the aorta, and possibly return one sixth of the blood received by that vessel; but this amount, aerated in the placenta and returned by the umbilical veins, suffices to maintain the low standard of aeration in the fœtus.

9. The head and upper extremities of the fœtus do not receive a purer

blood than the lower parts of the body. They, as well as the digestive and urinary apparatus, are earlier developed, in accordance with a general law of development.

10. The fœtal liver is a *depurating* organ only so far as it secretes bile, and therefore, to a slight extent, though it does not thus convert venous into arterial blood. Its large development, from the placental blood abundantly distributed to it has relation to its function as a *blood-making* and not as a *bile-secreting* organ; and this blood becomes *venous* in the capillaries and the hepatic veins, as all analogy proves.

11. The trunk of the vena portæ is, in the fœtus, both the *nutrient artery* of the liver, and also corresponds to the vena portæ of the adult—its formative branches containing venous blood from which the bile in the meconium is probably secreted.

12. Anatomy, the history of development, and comparative physiology, combine to sustain the preceding propositions.

Bowdoin College, April 1, 1854. [*American Med. Jour.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, AUGUST, 1854.

No excuse is necessary for occupying this number almost exclusively with Prof. Peaslee's Monograph. The well-known character of its author will entitle the propositions there advanced to the candid examination of all who know him.

American Medical Association. The seventh annual meeting of this Association was held at St. Louis on the 2d, 3d, 4th and 5th of May last. We would gladly lay before our readers "the doings," but even an abstract would occupy most of an entire number, and we cannot spare the room. They met, spent the usual number of days, enjoyed the hospitality of our western brethren, had a "good time," and adjourned to meet at Philadelphia next May, when we hope to be there to see for ourselves.

The chairman of the committee of publication was selected from New York, instead of Philadelphia as in years past; whereupon the delegates from the latter city manifested a very baby-like spirit of resentment. It is to be regretted that there are men who cannot refrain from manifesting a spirit of mean and selfish jealousy in an association of so broad and national a character as this.

Cholera. The newspapers are teeming with particulars of the present prevailing epidemic. It has thus far pursued the same course, and visited nearly the same localities, as in its former visitations.

As on all former occasions when it has prevailed epidemically, this disease seems to have first appeared in Asia, and has steadily pursued its way westward. One year ago, we were receiving reports of its fatal violence in many European cities, and of its gradual approach towards our own country; and now, in accordance with expectations founded on its past history, we are *watching with a melancholy* interest its progress and heart-rending effects in our own towns and cities. It prevails to an alarming extent in nearly all those places which have been visited by former epidemics. New York, Chicago and Montreal are suffering severely, and in some small towns the mortality has been appalling. Although prevailing to a considerable extent in Boston, it would seem to be relatively less than in many smaller and less exposed localities. Our own State, which has fortunately enjoyed such immunity in past years, has mostly escaped as yet; but with the habits of filth and want of care for their health, which prevails among much of the foreign population in our manufacturing places, its prevalence in such localities is rather to be expected than otherwise.

NEW HAMPSHIRE ASYLUM FOR THE INSANE. The twelfth annual report of the Visitors, Trustees, and Superintendent of this institution is at hand, and shows it to be in a condition of unabated prosperity. The following, from the report of the accomplished Superintendent, gives a true idea of the state of affairs during the past year:

"The year now gone has been one of prosperity. Unmarked in our small history by any extraordinary event, its days have passed quietly and rapidly on, each bringing its changes, cares and trials, and each abundant reasons for thankfulness to God.

"Many who were with us at its commencement, and whose future no man could foretell, are now at their homes, and in the possession of firm health and recovered reason, discharging the ordinary duties of life. Others, less favored, still remain here, and are the objects of our daily care, and others still, whose realities for years were fearful fancies and groundless griefs, have found at length in death a freedom from delusion and sorrow, eternal and complete.

"During the whole of the year our household has enjoyed remarkable physical health. We have been entirely exempt from epidemics of all sorts, and acute disease has been almost unknown. Cleanliness, regularity of life, and a most healthful location, have been the chief causes of this desirable state of things. The deaths which have occurred, with a single exception, were of those who for a long time had been considered incurably insane, and who at last were literally worn out by the continued and unremitting force of their malady.

"The following tables will give you the usual statistical information:

No. 1.

Statistics of the Asylum for the year 1853–4.

	Males.	Females.	Total.
Patients under treatment, May 31, 1853,	70	73	143
Number received since, to June 1, 1854,	72	69	141
Number discharged since " "	67	56	123
Number died since " "	7	7	14
Number committed by courts to June 1, 1854,	4	0	4
Number committed by cities and towns to June 1, 1854,	21	12	33
Number committed by their friends, to June 1, 1854,	42	54	96
Number committed at their own request, to June 1, 1854,	5	3	8
Number discharged recovered, to June 1, 1854,	34	29	63
Number discharged partially recovered, to June 1, 1854,	14	10	24
Number discharged unimproved, to June 1, 1854,	12	10	22
Whole number under treatment during the year,	142	142	284
Greatest number under treatment at one time,	82	84	166
Smallest number under treatment at one time,	69	70	139
Number remaining under treatment, May 31, 1854,	77	84	161

No. 2.

Causes assigned for the insanity of those admitted.

Ill health,	28	Puerperal,	2
Exposure and excesses,	12	Hard work,	4
Masturbation,	18	Injury of the head,	2
Intemperance,	12	Healing of an ulcer,	1
Domestic trouble,	13	Political excitement,	1
Loss of friends,	2	Fright,	1
Religious,	6	Tobacco,	1
Disappointment,	3	Old Age,	1
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NEW ORLEANS MEDICAL NEWS AND HOSPITAL GAZETTE. This is a semi-monthly journal, edited by Drs. CHOPPIN, BEARD, SCHLATER & BOYER. who are all connected with the hospitals of the city of New Orleans. Though fearful that so many cooks must in the end have trouble, we must say they have, for five months, got along bravely, and have produced a journal second to none in the Union. They have abundant materials at their command, and have used them to good advantage.

INDIANA MEDICAL JOURNAL. We have received the first number of a quarterly with the above title, to be published at Evansville, Indiana, and edited by Drs. W. H. BYFORD and HUGH RONALDS, Professors in the *Evansville Medical* College. This first number is a good one, and we bid *our western brethren* a cordial welcome.

GEORGIA [illegible] AND [illegible]. We gladly [illegible] on our [illegible] this new periodical. It is a monthly of [illegible] pages published at [illegible], Ga., and edited by [illegible] M. D., and is, as the [illegible] [illegible], "Devoted to the Development of Southern Medical Literature and the Exposition of the Diseases and Physical Peculiarities of the Negro Race." Wherever Dr. [illegible] [illegible] he advocates with an energy and boldness [illegible] which [illegible] of our [illegible] [illegible]. [illegible] we are personally very much inclined to call all things [illegible] by their right names, and to speak right out in meeting [illegible] we [illegible] a little oil on our [illegible] [illegible] any unnecessary [illegible], and we are not prepared to [illegible] altogether [illegible]

'In [illegible] shall find
The [illegible] than the [illegible]'

for, as far as our experience goes, [illegible] to accomplish the greatest good.

To sum all up, our southern brother is giving all who don't [illegible] his [illegible] [illegible] [illegible] of [illegible] [illegible], which cannot fail to start the cuticle, whatever may be the [illegible] effect.

MONEY is necessary to carry on all undertakings. The subscription price of our Journal is put at the lowest possible rate, and should be promptly paid in *advance*; but we are now in the last half of this year, and many of our subscribers have as yet retained our dollar in their pockets. We hope they will pass it over to us without delay: "then shall our empty pockets begin to thrive," and we have wherewith to pay the printer.

REMOVAL. We learn that Dr. GEO. W. GARLAND, whose article on "*Recto-Vaginal Fistula*" was published in our May number, has removed to Lawrence, Mass. While we are sorry to lose Dr. G. from our State, we can but hope that the change may be for his advantage and that of suffering humanity. We heartily recommend him to the kind consideration of our Massachusetts brethren, as possessing those qualities of head and heart so requisite in the good physician.

MEDICAL BOOKS. We would call attention to the list of medical books advertised in this number by the Messrs. WOODS, of New-York. These, as well as all other books pertaining to our profession, (new or old,) may be procured of our publisher, Mr. G. PARKER LYON, on as favorable terms as of any bookseller in the Union, and the facility of transportation from Concord by the various express routes to all parts of New-England, render it convenient for *physicians who are in want of medical books*, to procure them *without delay, and at the lowest* possible price.

PHARMACEUTICAL GLEANINGS.

Oil of Morphia.—Insolubility of Morphia in Chloroform. A few months ago, (Jan., 1854,) we published a short note in reference to oil of morphia, as described by M. St. Lager, in which chloroform was the *medium* of solution. M. Lepage (*Jour. de Pharm., April,* 1854,) refers to a previous article by himself, on the solvent powers of chloroform, in which it is stated that morphia and its salts are insoluble in that liquid, and then by new essays confirms his previous results, proving that M. St. Lager's process cannot be followed.

The sulphate and hydrochlorate of morphia being but slightly soluble in fixed oils at the ordinary temperature, but more so when hot, M. Lepage recommends that the mixture of almond oil and hydrochlorate of morphia should be heated just before it is to be used.

As a substitute for the oil of morphia, M. Souberain suggests a solution of morphia in glycerin, viz:

Acetate of Morphia,	six grains,
Glycerin, - -	a fluid ounce,

Dissolve the morphia in the glycerin with or without heat.

Mounsey's Preston Salts. The following directions for making this preparation are taken from the London Pharm. Journal, viz:

Take of True oil of cloves,	
English oil of lavander, of each -	a drachm,
Oil of Bergamot, - - - -	five drachms,
Strongest solution of ammonia, (sp. gr. 880)	one pint,

Mix these together. The bottles are then to be half filled with rough carbonate of ammonia, and filled up with the carbonate in fine powder. The salt is then saturated with the above solution, and corked closely.

Oil of Protiodide of Iron. M. Gille, of Paris, has suggested that oil of almonds may be impregnated to a certain extent with protiodide of iron, provided the iodine, iron filings and the oil are mixed together, and shaken till the odor of iodine disappears, which requires several days.

The following is the formula suggested:

Take of pure iodine, in powder, - -	34 grains,
Iron filings, - - - - -	230 grains,
Oil of almonds, - - - - -	25 ounces, (Troy.)

These ingredients are mixed together, and agitated occasionally for several days. The oil of protiodide of iron, when complete, has a slight amber color, no odor, and almost without taste. It preserves its physical and medicinal properties for some time without appreciable alteration, and should be kept in glass-stoppered bottles.

In the *Annals of Pharmacy,* from which we extract this notice, it is not stated whether M. Gille proved the presence of iodide of iron in the oil. It is probable that some reaction occurs between the oil and iodine, prior to or coincident with its action on the iron.

Georgia Blister and Critic. We gladly enter on our exchange list this new periodical. It is a monthly of 32 pages, published at Atlanta, Ga., and edited by H. A. Ramsey, M. D., and is, as the title-page declares, "Devoted to the Development of Southern Medical Literature, and the Exposition of the Diseases and Physical Peculiarities of the Negro Race." Whatever Dr. R. thinks right, he advocates with an energy and boldness to which natives of our colder climate are not much used. To be sure, we are personally very much inclined to call all things (and acts, too,) by their right names, and to "speak right out in meetin'," but we also prefer to put a little oil on our "blister," to save any unnecessary smart; and we are not prepared to acquiesce altogether in his quotation, that

> "In tracing human story we shall find
> The cruel more successful than the kind;"

for, as far as our experience goes, it takes "easy blows" to accomplish the greatest good.

To sum all up, our southern brother is giving all who don't fit his bedstead, allopathic doses of literary cantharides, which cannot fail to start the cuticle, whatever may be the curative effect.

Money is necessary to carry on all undertakings. The subscription price of our Journal is put at the lowest possible rate, and should be promptly paid *in advance;* but we are now on the last half of this year, and many of our subscribers have as yet retained *our dollar* in their pockets. We hope they will pass it over to us without delay; "then shall our empty pockets begin to thrive," and we have wherewith to pay the printer.

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paste, spread this on plates, dry it in a stove and pulverize it. The pills are coated by moistening their surface with water and immediately rolling them in the powder. The moisture fixes a portion of the powder on their surface, and forms a coating.

Ioduretted Oil. Some time since, M. Deschamps proposed an induretted oil, as a substitute for cod liver oil, which was made by dissolving iodine in almond oil, and passing steam through the solution until it became decolorized. M. Berthé, pharmacien of Paris, suggests that when so made the oil acquires a disagreeable rancid taste, and is liable to become black by standing, and proposes the following as a substitute: Triturate 75 grains of iodine with thirty-two ounces of the oil of almonds, heat the mixture in a water bath until it becomes free from color, and does not affect damp starch paper. It is not acid, but becomes so from moisture. M. Berthé considers it superior to all ioduretted oils known, on account of its less disagreeable taste and easy preparation. It does not contain all the iodine employed in its preparation. It is considered preferable to operate in open vessels, as the oil made in close vessels becomes dark by keeping.

The dose is about the same as that of cod liver oil. M. Berthé has also prepared an *iodophosphuretted oil*, and M. Renault an *ioduretted albumen*, but doubts have been expressed in regard to their usefulness as medicinal agents. For further particulars relative to all these compounds, see the "Dublin Quarterly Journal of Medicine," and Bulletin Général de Therapeutique."

Means of removing the rancid odor of Fats. Dr. Griseler has accidentally made the observation, that an addition of nitric ether to rancid oil entirely destroys the disagreeable smell, and that when the oil is heated to separate the alcohol, it becomes clear and bright, even when it was before turbid. Dr. Griseler says, that a few drops of this liquid will prevent sweet fixed oils from becoming rancid.—*American Journal of Pharmacy.*

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THE
NEW-HAMPSHIRE
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WATER DRESSING.

BY GEO. H. HUBBARD, M. D.

The following cases are selected to illustrate the success attending the treatment of wounds with water. Although not of great importance as "interesting cases," if their publication can induce any one to abandon the burdensome and too often injurious appliances which have been customary in times gone by, and to substitute therefor the simple treatment by water, a mode of treatment sanctioned by the best surgeons of the present day, perhaps as much good may be accomplished as by a lengthy detail of more intricate and unusual diseases.

In some notes on "water," which I furnished for a previous volume of this Journal, I entered somewhat into the history of its use as a therapeutical agent. At this time I purpose only to give a few cases in proof of the propositions then advanced, that "water is our best dressing in wounds of all kinds."

CASE 1st. *Incised wound of the knee.* D. P., age 18, made a mis-step while mowing, and in falling struck his knee on the scythe, which rested on the ground with its edge so inclined that the whole weight of his body came upon it at right angles. It was consequently forced into the limb as far as such a blow could drive a sharp edge into bone. The resulting, clean, incised wound severed the Ligamentum Patellæ, about midway of its length; not directly across, but obliquely, its internal angle being just one inch lower down the limb than the external. The wound was precisely four and seven eighths inches in length. The capsule of the joint was opened by a clean incision, seven eighths of an inch long at the external angle of the wound, and a piece of the head of the tibia was split off and slightly movable at the inner angle; but as it could not be removed without cutting it from the ligaments of the joint to which it was attached, it was placed in as good coaptation as possible, and allowed to remain.

When I reached the patient (about an hour after the injury,) he was considerably depressed, perhaps as much, or more, from the fright which this gaping wound was calculated to produce, as from the injury. As no important branches of the anastomosing arteries were cut, the hemorrhage was slight, and that from the small cutaneous vessels had nearly ceased on my arrival. The lower portion of the ligamentum patellæ which protruded prominently from the wound, was, after removing some bits of grass, brought into exact coaptation, and kept so by means of the twisted suture, consisting of three steel needles, deeply inserted, one and one fourth inches apart. The limb was laid in a "Goodwin's Splint," and kept pefectly extended.

The wound was dressed in *water*, and was never dry for 25 days. The temperature of the water was gradually raised after the expiration of ten days, and regulated by the sensations of the patient; keeping it just so cold as was agreeable. For the first week his diet was *water gruel,* afterward additions were made, very gradually, so that he did not receive full liberty to eat as he chose, for five weeks.

After this wound was first dressed he had "*no pain,*" lost no sleep, and there was but little swelling about the wound. No fever occurred; the wound united by first intention, except a small hole which kept open at the inner angle for a about five weeks; doubtless, on account of injury done the bone at that point, but at the end of this time it was entirely healed. Two of the needles were removed on the 18th day, and the third on the 21st. On the 40th day, he walked two miles with the aid of a small stick.

No medicine of any sort was at any time administered; the water was discontinued on the 25th day, and an envelop of cotton used to protect the knee both from injury and from cold.

At this time, 14 months after the injury, he is walking without the aid of a cane, engaged in all sorts of farm work, having rendered good service on the farm during the past season.

Case 2d. P. R., age 20, while chopping wood, misguided his axe and received its full force on the dorsum of the left foot. Taking a somewhat slanting direction it did not go through the foot, as a perpendicular blow of like momentum would have done, but split up portions of the tarsal and metatarsal bones, so that when I examined the foot about an hour after, I introduced my fingers to the depth of an inch and a half; removing the clotted blood and some small fragments of bone which were entirely separated. The wound was strapped tightly with strips of linen wet with collodion and a compress bound on to keep the split portions of bone in as good coaptation as possible. A splint, to keep the foot up so as to relax the muscles acting upon its anterior aspect, was used, as many of the extensor tendons were severed. This wound was dressed with "*water and nothing* *else;*" was never dry for two weeks; the temperature was raised as the sensations of the patient indicated; it united by first intention throughout its whole extent; there was no suppuration; the bones seemed to unite as readily as the integuments, and on the 28th day he went to his work with but slight lameness, from which he entirely recovered.

Case 3d. A girl, aged 10 years, tried her hand at chopping wood, and, from want of skill and strength, cut her foot severely. Upon examining the wound I found the great toe nearly severed from the foot, hanging only by the skin, flexor tendons, and vessels of its inferior part. The metatarso-phalangeal articulation was laid entirely open, and the whole articulating surface of the metatarsal bone cut off and loose in the wound, from which it was removed by snipping with scissors some few ligamentous fibres which had escaped the axe. The wound was cleaned and all loose portions of bone and clots of blood removed. When this was done, the bleeding, which had been profuse, ceased entirely. This wound was brought together by interrupted sutures, and the toe brought into as good shape as possible, and kept so by bandages. Water was the only application made, and to the surprise of all, no pain was felt; no sleep lost; the wound united by first intention, and she has a very good and serviceable toe. I am inclined to think excision of a joint was never more successful than in this case, nor the operation ever performed with a ruder instrument or less surgical skill.

Case 4th. A man came to me with a finger, the knuckle joint of which he had brought in contact with a circular saw. I found a ragged wound, which had opened the joint and removed portions of cartilage from the articulating surfaces of the bones. After removing all loose substance, the wound was brought together and dressed with collodion and strips of linen. He was ordered to keep it constantly wet with water, of such temperature as was agreeable, with which direction he faithfully complied. I saw the finger occasionally; but as no inflammation or suppuration occurred, I had no more to do with the case, and the first dressings were not removed till the wound was cured. The finger is nearly as serviceable as ever, the joint being but slightly stiffened.

THE PATHOLOGY AND TREATMENT OF HEMORRHOIDS.

By T. G. Richardson, M. D., *Demonstrator of Anatomy in the University of Louisville.*

ART. IV.

One of the most common, and by no means the least troublesome of the numerous diseases to which the rectum is liable, is that, the title of which stands at the head of this article; and considering its exceeding frequency and its great importance in a practical point of view, it is somewhat remarkable how lightly it is treated of in most of the text-books on general surgery, and how loose and unsatisfactory are the ideas of a majority of even the best practitioners of the country in regard both to its causes and nature, and the treatment required for its relief. It is with the hope of being able to put some of the readers of the Journal in possession of facts which the too slender libraries of many of them do not furnish, that I take the liberty of presenting them with the results of my observation and study.

General Considerations.—Under the common term *Hemorrhoids*, or *Piles*, are included two entirely distinct and separate affections, distinguished ordinarily by the prefixes 'external,' and 'internal,' or 'blind,' and 'bleeding' piles. It is true that they are both bloody tumors, produced by a modification of the same causes, often co-exist and are situated in adjacent parts of the same organ; but, as will be presently pointed out, they are totally different in their anatomy, in their course and consequences, and in the treatment demanded for their cure. The fact that they are so entirely dissimilar should be distinctly borne in mind, in order to avoid much of that practical confusion that seems to prevail, not only among physicians generally, but even among many distinguished lecturers and writers on surgery. That such confusion does exist one has only to take up and examine all the more familiar American and foreign books in which the subject is treated of, to be fully satisfied. In prosecuting some inquiries lately in regard to diseases of the rectum, I have had occasion to look over quite a number of publications of this sort, beside others of a more special character, and I must confess that, with one exception, I have found no clear and satisfactory recognition of the great distinction that is so absolutely necessary to make between these diseases. The exception is GROSS's Pathological Anatomy, wherein the celebrated author draws particular attention to the point in question, and leaves little or nothing to be desired in the way of an accurate and well-defined description of, and discrimination between the morbid anatomy of the two. The great majority of other writers acknowledge that there is a difference, but do not tell us precisely what it is, or at least fail to impress it upon the reader in such a manner as to make him feel its importance either in a pathological or practical point of view. Others again, (but fortunately very few,) and among them the world-renowned ABERNETHY, deny that there is any difference in structure, and consequently make none in practice.

In the following imperfect outline of the two affections, I have attempted to arrange their several characters in a sort of parallel light, so that their distinguishing marks may be more prominently brought into view than could have been done by giving a separate and continuous description of each.

1. *Diagnosis.*—*External Piles* are exceedingly common, occur for the most part about the middle period of life, although occasionlly observed in

young children,* are of exceeding frequency in females during parturition and the latter months of pregnancy, and prevail probably to a greater extent in Southern than in Northern latitudes. They are situated just at the *verge of the anus,* just where the skin of the nates and mucus membrane of the rectum become blended together, where they form tolerably firm, elastic, prominent, well-defined tumors of a brownish-red or purplish hue. They are generally multiple, often numbering as many as five or six, although frequently single, especially when large, and vary in size, from that of a medium shot to that of a large filbert. They are usually produced suddenly during parturition or violent straining at stool, and are generally attended, for a few days, with more or less pain, often of an acute character, and an annoying feeling as though a large foreign body were lodged between the nates. They are rarely if ever the seat of hemorrhage amounting to more than a few drachms, and only so when accidentally opened by rupture or ulceration.

Internal, or bleeding Piles are far less frequent than the external variety, seldom if ever occur as an uncomplicated affection before the age of twenty or twenty-five, and are, in this country, according to my own observation and inquiries, much more common among men than women. This last statement is, I am aware, at variance with the published authorities generally upon the subject, but not, as will be hereafter shown, with the nature of the causes producing the complaint. The only author to whom I can refer at this moment as having observed the same fact, is M. VIDAL, who states in his "*Pathologie Externe,*" that it is remarkable how few females, excepting those who have frequently borne children, are found to labor under tumors of this sort.

Internal Hemorrhoids are situated a short distance within the rectum, immediately above the internal sphincter muscle, and may be felt by the introduction of the finger as smooth, spongy, undefined swellings, occupying the space of an inch or two in an upward direction, and often the whole circumference of the bowel. When made to "come down" below the sphincter, as they nearly always are by violent efforts at evacuation, and as they always should be, if possible, when an examination is desired, they become erect and turgid with blood, and being partially strangulated by the contraction of the muscle just mentioned, present themselves externally in the form of large rounded tumors, of an intensely brownish-red or livid color, continuous with each other at their bases, and often so crowded together as to have the appearance of one large irregular mass, not unlike, and often mistaken for, prolapsus of the rectum. They are of comparatively slow growth, and generally multiple, the number varying from two or three to six or eight, although as just intimated, it is frequently impossible to discover their separating lines. When thus protruded they are usually the seat of a good deal of bearing-down pain, sometimes sufficient to produce fainting; and under these circumstances they are also exceedingly liable to hemorrhage from rough handling or simply from over-distention of the vessels. The amount of bleeding varies from a few drops to several ounces, and being habitual in many persons, frequently brings on, and keeps up a state of general anemia, by which the constitution is gradually, but surely undermined, and the life of the individual placed in imminent jeopardy.

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* Gross's Pathological Anatomy.

In suspected cases, where there is no protrusion, the existence of the disease is best ascertained by the use of a rectal speculum, consisting of a solid glass or metallic cylinder, with an oblong opening upon one side near the distal extremity.

Pathological Anatomy.—*External Piles* are formed by the rupture of one or more of the small veins that ramify about the verge of the anus. They consist, therefore, simply of a clot of blood occupying a corresponding cavity which it forms for itself in the loose areolar tissue of the part, and are covered on the lower side by the skin, and on the upper by the mucous membrane of the rectum. That this is the whole anatomy of tumors of this variety soon after their formation, I have fully satisfied myself by frequent dissections, thus verifying the observations of Prof. GROSS upon the same point.

Internal Piles belong to the class of erectile tumors, and consist essentially of masses of irregularly dilated, tortuous, and convoluted capillaries, mostly venous, occupying the submucus areolar tissue of the lower part of the rectum. They are in fact nearly similar, in every respect except in the mode of their production, to *nevus* or aneurism by anastomosis, and are hence sometimes called varicose hemorrhoids. Like nevi, they are, when in a state of rest, soft, flaccid, and spongy to the touch, but in consequence of the pressure on their venous trunks in violent straining, become swollen, and then, are generally forced out beyond the sphincter, and, as before remarked, if cut or scratched, or even roughly handled while in this state of turgescence or erection, bleed, sometimes so profusely as to produce syncope, and occasionally endanger the life of the individual. In most cases the mucus membrane covering the congeries of vessels is thin and delicate, but in consequence of frequent protrusion and handling it may take on a condition of chronic inflammation, producing thickening and induration of its structure, and the discharge of a large quantity of stringy mucus mixed with more or less pus and blood.

2. *Course and Consequences.*—*External Hemorrhoids* give rise, when first formed, to more or less inflammation, attended with a good deal of local distress, and occasionally a little sympathetic fever. In a few rare instances the inflammation proceeds to suppuration and the formation of abscess, which, upon being opened, is followed by a discharge of the coagulated blood along with the matter, and thus produces a spontaneous cure. Ordinarily, however, the inflammatory action subsides in a day or two, and the tumors, if let alone, undergo in the course of time, a very gradual but

material change in their structure. This change consists in the absorption of the watery and coloring matters of the effused blood, and the organization of its fibrin, by which means the tumors are very much diminished in size, lose their reddish or livid color, and their acute sensibility, and remain as permanent appendages to the margin of the anus, in the form of pendulous excrescences of a pale appearance and flabby consistence. It is not uncommon to find a row of these appendages encircling the anal orifice, where they may give rise to no inconsiderable annoyance by friction against each other and between the nates in walking, especially in hot weather. Sometimes in consequence of this chafing, and the want of cleanliness, they become the seat of most painful ulceration upon their inner or mucus surfaces, and are said also to occasionally degenerate into malignant disease; but of this latter I have never witnessed an instance.

Internal Hemorrhoids occasionally, but very rarely, undergo a spontaneous cure. This may take place in one or two ways: 1st. From negligence or some other cause, the tumors are not returned as soon as they should be, after defecation; inflammation is set up, the sphincter muscle becomes spasmodically contracted, and the protruded parts fall into a state of mortification in consequence of the strangulation. In this manner the whole of the diseased mass may slough off, and if the patient's constitution is able to bear up against this new malady, he will be permanently cured of the old. Two cases of this sort are reported by Mr. HOWSHIP, and one came to my own knowledge in an adjacent State not many weeks ago. In the second place, inflammation may, from some cause or other, be lighted up in the diseased part, attended with coagulation of the blood, and effusion of lymph, by which means the vessels are obliterated, and in the course of time the coagulated blood and effused lymph becoming absorbed, the tumors will be found to have entirely disappeared.

Most frequently, however, the disease, after having become quite bad, either remains stationary for some time, or progresses steadily from bad to worse, the tumors often attaining the size of a man's fist. Under these circumstances the suffering that they give rise to is very great. One individual with whom I am acquainted, and who has pertinaciously declined all surgical interference, is obliged to provide himself regularly every morning when he goes to stool, with towels, soft cloths, &c., for the purpose of cleanliness, and having emptied his bowels and washed the parts in cold water, has to get upon his knees and one hand, while with the other gradually effects reduction; and such is the sense of fatigue and exhaustion after the operation is over, that he has invariably to lie down for an hour or two before he recovers from its effects.

But the most serious consequence attending the disease, is the general anemia resulting from the frequent losses of blood. I cannot better describe this condition than by making use of the language of Mr. SYME.* "The patient loses flesh and acquires a remarkable paleness of complexion which is exchanged for a peculiar dingy yellow hue like that of imperfectly bleached wax. The lips no longer posses their vermillion color, but resemble those of a dead body; the tongue, too, has a blanched appearance very characteristic of the state induced by excessive or constant depletion. These symptoms are attended with great listlessness or want of energy, both of body and mind, disturbed sleep, irritability of temper, quick pulse and head-ache, which is generally increased by rising up more than by lying down.—Palpitation and pain in the region of the heart, and difficulty of breathing, are also frequently induced by slight exertion or agitation of any kind." And what is remarkable, these symptoms sometimes exist without the patient's knowledge of their true cause. A case of this kind came under my observation a few years ago, in which the individual ascribed his symptoms to disorder of the stomach. Although he had often noticed that his fœces were streaked with blood, and that blood appeared upon the paper with which he wiped himself, he was not aware that he was laboring under hemorrhoids, the tumors having never, to his knowledge, protruded at the the anus. Indeed, I may remark, that he had been treated for dyspepsia, and would in all probability have died under this impression had he not fallen into other hands, and been relieved of the real source of his difficulty. Mr. Syme also mentions a case of the same kind, in which "the patient was supposed to labor under disease of the heart, and whose waxy look, bloodless lips, and defective energy, together with irregular action of the heart, certainly afforded considerable ground for this opinion, but Dr. Alexander discovered that there was an internal hemorrhoid which bled profusely every time the patient went to stool, and I removed it, with the effect of quickly restoring him to health.*"

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*Diseases of the Rectum.

3. *Causes.*—The causes of hemorrhoids are predisposing and exciting, of which the former are of more importance in the production of the internal, and the latter of the external variety. The *predisposing causes* are a relaxed phlegmatic temperament, luxurious living, indolent habits, disease of the liver or lungs, and an occupation requiring long standing. Of these I am inclined to think that the last mentioned is the most powerful, and it is, of course, doubly so when combined with one or more of the others. Space will not permit me to enter into an account of the manner in which these causes predispose to the occurrence of piles, but suffice it to say that they are not unfrequently the only assignable causes of the internal variety, but not of the external. The *exciting causes of external piles* consist exclusively of such things as interpose a sudden interruption to the return of the venous blood from the hemorrhoidal veins, as, for instance, violent efforts in evacuating the bowels or bladder, parturition, lifting heavy weights, &c. Their mode of action is very easily understood. The veins of the lower part of the rectum and verge of the anus are very numerous and tortuous,

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* Op. Cit.

and communicate on the one hand with the portal circle through the superior hemorrhoidal vein, which terminates in the inferior nusenteric, and on the other with the general venous system by a much smaller trunk, called the middle hemorrhoidal, which opens into the internal iliac. Now it is a fact known to almost every one, that in the contraction of the abdominal muscles the diagonal of all the forces is in the direction of the bottom of the pelvis, so that the contents of the abdomen are made to press forcibly upon those of the pelvis, and consequently upon these two venous trunks, but more especially the larger one. If this pressure occurs in an individual in whom, from predisposition or habit, the abdominal veins are in a state of unnatural fullness from want of tonicity, excessive alimentation or what not, one of two things occurs; either the hemorrhoidal veins smply dilate, or else one or more of them give way. In the latter case an effusion of blood takes place, constituting external hemorrhoids.

The exciting causes of *internal hemorrhoids* may be the same as those concerned in the production of the preceding variety, with some modification in their mode of action. Thus, as just stated, external piles result suddenly from over distension of the veins of the rectum, but for the production of the internal form it is necessary that this interruption should often recur before the venous radicles can be brought into a permanently dilated or varicose state. Where the interruption is habitual and occasionally very great, both forms of the disease are apt to be the result.

But there is another set of causes upon which some authors place no little stress, and which are no doubt very active. They consist of local irritations of any kind whatever, by which an unnatural amount of blood is determined to the rectum. The most common causes of this kind are the presence of foreign bodies and ascarides, riding upon horseback, the habitual use of drastic purgatives, more particularly aloes, other diseases of the rectum, such as chronic dysentery, ulceration, &c., and lastly diseases of adjacent parts, as, for instance, of the uterus and other genito-urinary organs. It is very easy to understand how such causes might induce the disease in a person already predisposed, and even when there is no very great predisposition, if the irritation have the effect of producing frequent and violent efforts at expulsion. In the latter case, however, the irritation would be properly considered as a predisposing, and the straining the immediate or exciting cause.

4. *Treatment.*—The treatment of hemorrhoids is palliative, radical and preventive; but as it differs very materially in the two varieties, a separate description becomes necessary.

External Hemorrhoids.—The *palliative treatment* of external hemorrhoids is called for only when a high degree of inflammatory action attends the disease, or when from fear of the knife an unwillingness to undergo the necessary exposure, or some other cause the patient refuses to submit to the radical treatment. It consists simply in the administration of a little cathartic medicine and the local application of cold water for a day or two, followed by some anodyne ointment to allay irritation and prevent friction in walking. A favorite prescription of many practitioners, and one that has been successively transmitted as a sort of professional heir-loom from one physician to another for several generations, is the comp. ointment of nutgalls, composed of equal parts of powdered galls, opium, and lard or simple cerate. The probability is that the great virtue that has been ascribed to this unguent resides more in the lard, which prevents chafing, than in either of the other ingredients. If the inflammation be very considerable, threatening suppuration, the case has to be treated upon the ordinary antiphlogistic plan.

The *radical treatment* is so simple, so satisfactory, and so universally applicable that it should be almost always insisted upon. It consists either in excision or incision. *Excision* is more particularly applicable to cases of long standing, in which the tumors are converted into fleshy appendages. It is performed by taking hold of the part with the fingers or a pair of forceps, and snipping it off at the base, with a pair of blunt pointed scissors. The operation is attended with intense but momentary pain, but rarely with hemorrhage. *Incision* is the proper operation in all recent cases. It is performed by plunging a sharp-pointed bistoury or an ordinary thumb-lancet into the interior of the tumor and cutting freely from within outward; or it may be just as easily performed with a common scalpel, cutting from without inward. After the incision is made, gentle pressure on each side will cause the clot of blood to roll out, generally in the form of a rounded shot or bullet-like mass. The only subsequent measures that are necessary are daily ablution in cold water, the application of simple cerate or lard to prevent undue chafing and the institution of the preventive treatment. I have never witnessed any hemorrhage after the operation beyond a few drachms, and indeed, generally only to the extent of a few drops; if, however, such an accident should occur, it could be easily remedied by the application of pressure or touching the part with a heated probe.

The *preventive treatment* of external piles consists, of course, in the avoidance of all predisposing and exciting causes, more especially the latter, of which a constipated condition of the bowels is one of the most important. To remedy this the patient should be directed to take a sufficient amount of out-door exercise every day; live principally upon gruel, molasses, stale bread, crackers, soup, and such other substances as are known to favor a liquid condition of the fœces; and, if necessary, the frequent and sometimes daily use of mild laxatives, such as sulphur-water, seidlitz powders, citrate of magnesia, extract of black-walnut, &c.

Internal Hemorrhoids.—The treatment of internal piles may also be divided into palliative, radical, and preventive.

1. The *palliative treatment* is applicable to a comparitively small number of cases, the majority admitting of radical cure. Where, however, there is serious disease of the liver or lungs, where the patient is very old,

and has been laboring under the disease a long time without any apparently bad effect upon the constitution, and in cases occurring in the latter months of pregnancy, palliation is all that should be attempted. The indications are to relieve, as much as possible, the pain attendant upon defecation, prevent farther increase of the disease and restrain hemorrhage, all of which may be fulfilled by the following means: 1st, an abandonment of all predisposing and exciting causes; 2d, the use of certain measures to keep the contents of the larger bowels in a liquid or semi-liquid state; 3d, attention to the mode of defecation; 4th, the local application of astringents.

It is hardly necessary to insist upon the first of these means, the removal of all predisposing and exciting causes. If the patient's occupation be one that requires long standing, it should be changed for a more active mode of life; if the constitution be relaxed and debilitated, tonics, a well selected but liberal diet, out-door exercise, &c., will be called for; if the individual has been accustomed to an idle, luxurious life, with intemperance in eating and drinking, this must be abandoned, &c., &c.

Attention to the state of the bowels is of very great importance, and the means pointed out in connection with the preventive treatment of external piles should always be put in practice.

The manner of emptying the bowels requires particular notice. One of the most powerful causes tending to keep up and increase either one of the varieties of hemorrhoidal disease, but more especially the internal, is the habit of stooping down at stool. This is probably oftener the case in the country, where the use of water-closets is so frequently dispensed with by men, but is also true in a less degree when apartments of this sort are resorted to, owing to an ill-construction of the seat. It is a fact well known to professional men at least, that the less the body is doubled up in the act of defecation, the less the straining or expulsive effort, and consequently the less apt there is of protrusion of hemorrhoidal tumors, if these exist. This is a very important consideration, for the oftener and greater the protrusion the greater the liability to an increase of the disease, and the more exposed the individual is to hemorrhage and pain. The patient should, therefore, be made to pass his fœces either in the recumbent, or as nearly the erect posture as possible. The latter is more convenient, and less disagreeable to one's sense of decency, and may be accomplished by having a privy constructed with the seat high, say nearly upon a level with the buttocks, and inclining from behind downward and forward, at an angle of about forty-five degrees. Indeed it would be a good precaution for all persons predisposed to this disease to make use of a privy constructed upon this plan. It is a matter too little thought of, but not the less important on that account.

The fourth consideration is the local use of astringents. These are most conveniently employed in the form of washes, in which the parts may be bathed after defecation, or which may be injected into the bowels once or twice a day. For the former purpose the individual should provide himself with a basin of cold water every time he goes to stool, and, when the act of defecation is finished, bathe the parts by sitting over the basin and dashing the water upon them, and then carefully return them. If something more astringent is required, a little alum, or tannin, or sulphate of zinc may be dissolved in the water, or a decoction of oak-bark used in its stead. In cases where the tumors do not protrude, the bowels should be washed out by one or other of these substances after every operation. Occasionally great good is accomplished, and it is said that cases have been cured by injecting into the rectum at night just before going to bed, a small quantity of some powerful astringent, and allowing it to remain in contact with the parts as long as the patient can retain it. For this purpose nothing is better than a strong solution of tannin, or alum, or a dilute solution of muriated tincture of iron.

Medicines given by the mouth are sometimes employed in the treatment of internal piles. Of these the compound confection of pepper, commonly called *Ward's paste*, has obtained a very extensive reputation. SIR B. BRODIE, than whom there is probably no better authority in surgery now living, thus speaks of it. "There is a medicine that is very often useful in cases where simple expedients fail, namely, the *confectio-pepiris composita*, which is similar to what was once very celebrated as Ward's paste. It is like eating coarse ginger-bread; it may be a little disagreeable to be taken, but still it may be taken easily enough; and the patient must persevere in its use for a considerable time. Very severe cases of piles are sometimes cured by it. A lady came to me with one of the worst cases of this disease that I ever saw; the piles were so large, and protruded so constantly, that I did not think there was any chance of curing her, except by the operation hereafter to be described, and I advised her to submit to it. She said the piles made her miserable, and she should be very glad to be cured on any terms, but she was compelled to pay a visit in the country which would render it necessary to delay it for a month. I thought the delay for a month could not hurt her, and under these circumstances I recommended her to give Ward's paste a trial, and see what it would do for her. I heard nothing more of her for six or eight weeks, when she came back, and said she was happy to inform me that she had taken the paste regularly and was now quite well. * * * * How does the Ward's paste operate? It is evident that, except any small portion which may be digested, it passes into the colon and must become blended with the fœces; and I suspect that thus coming in contact with the piles, it acts upon them as a local application, much as *vinum opii* would act upon the vessels of the conjunctiva in chronic opthalmia." Mr. BRODIE also mentions a case of SIR E. HOME'S in which the paste was, by mistake, introduced in large quantity into the rectum with the effect of curing the patient.

When internal piles from any cause whatever become inflamed and swollen, the treatment for the time being is necessarily directed to subduing the excited action. This accident generally occurs when the tumors are protruded, and the first thing to be done in a case of this kind is to attempt to return them, which is done by first gently pressing the blood out of them, and then pushing them up. Subsequently the application of leeches around the anus and the injection of cold water is in general all that is necessary. If, however, the efforts to reduce them prove unavailing, the only thing that can be done is to puncture them with a sharp-pointed bistoury, and apply cloths wrung out of warm water, and then make another attempt to return them; if still unsuccessful, the probability is that mortification will take place, which should be treated in the same manner as mortification in any other part of the body. As heretofore stated, if the patient's constitution is able to sustain this morbid action, a cure of the original disease is the result.

2. *Radical Treatment.*—For the radical cure of internal or varicose piles, one of two things is necessary; either the tumors must be removed by an operation, or obliterated by the coagulation of their contents and the effusion of lymph. Removal may be effected by the application of caustics, by excision, or by the ligature; coagulation and adhesive inflammation, by the seton, acu-puncturation with hot needles, or injection of irritating fluids.

Caustics.—The old practice of destroying hemorrhoidal tumors by the actual cautery, vienna paste, or caustic potash, is pursued by very few intelligent surgeons of the present day, and should indeed be looked upon as an almost obsolete procedure. Indeed, the only distinguished exception that I know of, is the present Baron BOYER, of Paris, who is in the constant habit of using the hot iron in the treatment of this disease. A modification of the caustic plan, however, has been put in practice by Mr. HOUSTON, of Dublin, and occasionally also employed by other surgeons with sufficient success to warrant its adoption in cases in which, for some cause or other, the ligature is contra-indicated. It consists in the repeated application of strong nitric acid to one or more of the tumors at a time, for the purpose, not so much of producing a slough, as of exciting a moderate degree of inflammation and consequent coagulation of the contained blood and effusion of lymph. It belongs, therefore, more properly to the second class of remedies mentioned above. The acid should not be applied to more than two or three of the tumors at once, and not over their whole surface, but only to the extent of about a five-cent piece, and should be immediately followed by a free inunction of the parts with sweet oil or lard, to prevent its contact with the surrounding structures. The application has generally to be repeated from three to five times, with an interval of five or six days between each, and requires no little caution in its management. I have had no experience with it myself, but Prof. GROSS informs me that he has employed it once and with the most satisfactory result.

Excision.—At the present day excision of internal hemorrhoidal tumors is practiced nearly exclusively by the French surgeons, the operation having been almost entirely abandoned in Great Britain and this country. And considering the seat and nature of the disease, it seems to me exceedingly strange how any intelligent and honest surgeon can conscientiously advise a patient to submit to so hazardous a procedure—except in a few rare cases—when other and less dangerous means have proved so much more successful. The great danger, as the reader will of course understand, is hemorrhage; but to what extent this accident has proved fatal it is impossible to ascertain, as surgeons generally, and more particularly those of France, where, as just stated, this operation has been most extensively employed, are not in the habit of making public their unsuccessful cases of any kind; a fact that can not be too much regretted in view of the great benefit that such reports would undoubtedly confer upon the profession. That fatal effects however, from this cause have frequently followed the operation, we have some of the best authority for believing. Thus honest old BOYER, in his immortal work entitled "*Traité des Maladies Chirurgicales,*" states that instances of this kind have been frequently reported. His son, Baron PHILIP BOYER, admits the loss, from this cause, of one patient out of sixteen upon whom he performed the operation, also one from tetanus, and three others who, to use his own language, "*succumbèrent à l'adynamie qu'avaient préparée les pertes abondantes de sang,*"—in all, five cases out of sixteen. J. L. PETIT tells of a young surgeon who imprudently extirpated some hemorrhoidal tumors, which he supposed to be external but which proved to be internal. Frightened by the violent hemorrhage he plugged the rectum with charpie, and no blood being thus allowed to escape externally, he thought he had arrested it; but the patient died and PETIT found the rectum and nearly the whole of the colon full of semi-fluid venous blood. Sir ASTLEY COOPER says, that in the early part of his career he was a strong advocate for excision, but was ultimately induced to abandon it from having met with three fatal cases, two of the three resulting from hemorrhage, and the other from peritoneal inflammation. And it is worthy of remark that in each of the cases that died from hemorrhage, but a single tumor was cut off. Sir BENJAMIN BRODIE, although not as unfortunate as to lose any of his patients, records his entire experience in this operation as follows: "In the first one or two cases I found no inconvenience to arise from my altered practice, (referring to his adoption of excision for the ligature;) but then a case occurred in which the patient lost a great deal of blood; in another case the hemorrhage was so great that the patient nearly died; and then a thirdcase occurred, in which also the patient lost an enormous quantity of blood—so much, that I now only wonder he did not actually die." DUPUYTREN records several cases occurring in his own practice in which the hemorrhage was very alarming, but, Frenchman-like, he was not to be deterred by a little accident of this sort from continuing his favorite practice, only he took the precaution ever afterward, when he thought there was any danger, of touching the cut surface with the actual cautery.

Looking therefore at the situation and morbid anatomy of internal hemorrhoids, and at the frequent, alarming and often fatal effects of extirpation by excision, it is my honest opinion that the operation ought to be almost entirely discarded from surgery. Occasional cases occur, it is true, in which it may be very safely employed; cases, for instance, in which the tumors have become solid from coagulation of their contents or adhesive inflammation; but even here I think it preferable to let nature accomplish the work by gradual absorption, promoting this process by the local application of stimulants or the introduction of the rectal bougie.

Ligature.—The employment of the ligature for the radical cure of internal piles dates back as far as the time of the great father of medicine, the immortal HIPPOCRATES, and it is at this day, *par excellence,* the operation. It is just as effectual as excision, and has the great advantage over the latter in being entirely free from the danger of hemorrhage. The great disadvantage that attaches to it is the acute pain by which it is often attended and followed, while, in respect to other accidents, more particularly peritoneal inflammation, there is probably little or no difference between it and excision.

Before proceeding to describe the mode of performing the operation, it is necessary to state the principal circumstances under which it should not be resorted to. 1st. It should not be employed in patients debilitated and broken down in constitution by old age, unless life be seriously threatened by profuse hemorrhage. 2d. In persons laboring under organic disease of the lungs, heart, or liver. 3d. In women during gestation or immediately after parturition. 4th. In cases where there is no protrusion and no serious hemorrhage, until the simpler means stated under the head of paliative treatment have been fairly tried. 5th. In periodic cases of vicarious of the catamenial discharge until this later function has been re-established. 6th. In cases where the tumors are in a state of inflammatory engorgement; and lastly in no case where the system has not been properly and carefully prepared.

The last mentioned point is one to which I desire to call particular attention. No patient laboring under this disease, no matter how healthy he may be in every other respect, should be subjected either to excision or ligature without more or less preliminary treatment. The kind of treatment and the length of time required will, of course, vary in different cases. If the individual be of a plethoric habit of body, accustomed to a full, luxurious diet, and of an active, energetic temperament; a restricted diet, occasional purgation, and partial confinement to the house for ten days or two weeks, will generally accomplish all that is required. If, however, the patient, as is generally the case, be of a relaxed, phlegmatic temperament, debilitated and broken down either by intemperance, dyspepsia, frequent losses of blood, or any other complaint of long standing, a resort to ferruginous tonics, a liberal, well selected allowance of food, gentle out-door exercise, &c., will become necessary, and should be continued until a tolerable healthy tone of action is established, even if it should require several weeks or months. But should there be daily loss of a considerable quantity of blood, which cannot be restrained by local astringents until the requisite state of system is produced, the operation may have to be performed at all hazards. But as a general thing the practitioner should make it an inviolable rule always to institute a systematic course of preparation before undertaking the radical cure by either of the methods stated.

The preliminary treatment having been continued as long as may be judged necessary, the night before the day proposed for the operation, the patient should be required to take a dose of cathartic medicine, as for instance, the common compound calomel pill, followed early the next morning by half a pint of citrate of magnesia, or a table-spoonful of epsom salts. After the medicine has produced three or four tolerably copious stools he should take three quarters of a grain or a grain of morphia, to be repeated in the course of an hour or two if necessary, to put the bowels completely at rest. When this is accomplished he is ready for the operation.

Operation.—The surgeon having provided himself with four or five stout silk ligatures, which should be well-waxed to prevent slipping, a tenaculum, a pair of scissors, and a competent assistant, requests the patient to make violent expulsive efforts over a vessel of warm water, in order to protrude the parts as far as possible. When this is done he places him upon the floor upon his knees and elbows, inserts the tenaculum through the largest of the tumors as near the sphincter as my be, and makes gentle traction upon the instrument to steady and draw the tumor out as much as possible without lacerating it; he then commits the tenaculum to the charge of the assistant, encircles the tumor with the ligature beyond the convexity of the instrument, and ties a firm unyielding knot. In this last mentioned procedure some care is required, lest the ligature be drawn so tightly as to divide the tissues; the object is not to cut the tumor off but to strangulate it, and for this purpose, although the thread has to be drawn very firmly, the surgeon should be on his guard not to go beyond the mark. The ligature having been tied, one or both ends may be cut off within a short distance of the knot, although I think it preferable that one should be left hanging out at the anus.

The number of tumors to be tied will vary in different cases, although, as a general rule, three or four will suffice. There is no necessity for tying all of them; usually about two thirds or three fourths of the whole number are enough; the remainder will become obliterated by the effusion of lymph consequent upon the inflammatory action, which necessarily follows the operation.

After all the ligatures have been tied, and one end of each cut off, the parts should be returned very gently, and the patient put to bed. If much pain is complained of, another grain of morphia will be required, together with the local application of cloths wrung out of cold water, or, what is often more agreeable to the patient's feelings, a bottle of hot water placed between the thighs and pressed up in contact with the anus. As a common rule it is advisable to administer a full opiate immediately after the operation, whether there be much pain or not, and to continue its use in sufficient quantities to keep up a state of slight narcotism for three or four days; it insures perfect quietude of the bowels—a point very much to be desired—controls inflammatory action, and is the safest possible guaranty against the occurrence of peritonitis. The bowels should on no account be allowed to act under four or five days at least, to prevent which, in addition to using the morphia or other preparation of opium, the patient should be subjected to a rigorous diet, consisting only of a little mush and milk, chicken broth, crackers, or other bland, unirritating articles. At the end of this time a saline cathartic may be given, aided by large injections of warm water, and after free evacuation the morphia should be again resorted to for three or four days, and again a gentle cathartic. At the end of a week or ten days, if every thing is favorable, the opiate may be suspended, the bowels kept gently open by the use of sulphur water, citrate of magnesia, or some other mild laxative, and the patient allowed to sit up from time to time throughout the day.

Most of the ligatures accompanied by more or less clotted blood, the debris of the strangulated tumors, and a considerable quantity of stringy mucus, are usually discharged with the first evacuation of fœcal matter, if this has been delayed for six or eight days. If any should remain longer than this time, gentle traction may be made daily upon the ends hanging from the anus, but not sufficient to endanger laceration or to produce pain; this will promote their detachment and they will generally be discharged a day or two thereafter. Another circumstance which occurs at this first and often at several subsequent evacuations of the bowels and well deserves to be mentioned, is the re-protrusion of the parts in apparently as bad a condition as ever. This very naturally alarms the patient, and may lead the inexperienced surgeon to suppose that the operation has been entirely unsuccessful; but it need not, for it results simply from the congested and œdematous condition of the parts resulting from the inflammation, and will gradually disappear in the course of ten days or two weeks. During this period, the patient is also liable to suffer from more or less strangury which should be alleviated as much as possible by cloths wrung out of warm water applied over the hypogastrium, the free use of diluent drinks, or mild unirritating diuretics, aided if necessary, by an occasional injection of starch and laudanum, or a suppository of opium. If violent tenesmus, accompanied by constitutional irritation, should occur in spite of the internal use of morphia, it may become necessary to apply six or eight leeches around the anus, or even to take blood from the arm; but very generally an injection of cold water to wash out the lower bowel, followed by the laudanum and starch above directed, is all that is required.

When the tumors are very large, it has been advised to make use of a large curved needle armed with a double ligature, and carried through the base of the tumor, so that the two threads may be tied on opposite sides, each encircling only one half of the swelling; but this, I imagine, is rarely necessary. Under these circumstances a part only of the tumor need be ligated, following the plan already described, for the unembraced portion is almost sure to be obliterated by the subsequent inflammation.

Almost the only, and certainly the greatest danger to be apprehended from the application of the ligature to internal hemorrhoids, is peritoneal inflammation. This, however, is comparatively a rare occurrence, especially if the patient's system has been properly prepared for the operation, and opium or morphia freely employed as heretofore advised. If this accident should happen, it should be treated upon the general principles, which are familiar to all practitioners. The great remedy, however, in my opinion, is opium or some of its preparations, given to the effect of partial narcotism, and kept up for several successive days.

In regard to the other modes, namely, the seton, introduction of hot needles, &c., proposed for the radical cure of internal hemorrhoids, I know nothing, nor do I believe that they have ever been put in practice. I mention them simply because they are applicable to varicose tumors occurring in other parts of the body, and might properly be employed here in very bad cases in which the surgeon wished to make use of milder means before resorting to the ligature.

The *preventive treatment* of internal hemorrhoids is demanded in persons who, from constitution or occupation, are predisposed to the disease, and in all cases after a cure has been effected. It is a well known fact that the disease is very apt to recur in persons who do not take the necessary precaution, and to all who have been so fortunate as to be relieved, this is especially necessary. The means to be made use of are those pointed out under the head of *palliative treatment.* The most important of these is a removal from all predisposing causes, a constant attention to the state of the bowels, and the use of a properly constructed water-closet.—*Western Journal of Medicine and Surgery.*

LOUISVILLE, July 31, 1854.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, NOVEMBER, 1854.

HUMAN PHYSIOLOGY: *Designed for Colleges and the Higher Classes in Schools, and for General Reading.* BY WORTHINGTON HOOKER, M. D. *Illustrated by nearly* 200 *Engravings. Published by* FARMER, BRACE & Co., *New-York*: *pp.* 389.

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ELKOPLASTY: *or Anaplasty applied to the Treatment of old Ulcers. Also,* A NEW MODE OF TREATMENT *for Delayed or Non-union of a Fractured Humerus.* BY FRANK H. HAMILTON, M. D., &c.

Prof. Hamilton has here detailed a case where he has succeeded in healing an extensive old ulcer of the leg by a plastic operation. He gives the following as his conclusions in relation to these ulcers and this operation:

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2d.—Anaplasty will sometimes succeed in accomplishing a permanent cure, and especially where the health of the body and of the limb are perfect, and where, by inference, the refusal to heal is alone attributable to the extent of the tegumentary loss.

3d.—The graft must be brought from a part quite remote; generally from an opposite limb, or from another person.

4th.—If smaller than the chasm which it is intended to fill, the graft will grow or project from itself new skin to supply the deficiency.

5th.—It is not improbable that the graft will expand during the process of cicatrization at its margins, but especially for a time after the cicatrization is consummated.

6th.—In consequence of one or both of these two latter circumstances, it will not be necessary to make the graft so large as the deficiency it is intended to supply."

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He claims that it is this continued motion of one fragment to and from its fellow which prevents the union, and which he proposes to remedy by "straightening the fore-arm upon the arm, and confining them to this position. A straight splint, extending from the top of the shoulder to the hand, made of some firm but moulding material, and made fast with rollers, will secure the requisite immobility to the fracture. The weight of the fore-arm and hand will only tend to keep the fragments in place, and if the splint and bandages are sufficiently tight, the motion occasioned by swinging the hand and forearm will be conveyed almost entirely to the shoulder joint. Very little motion, indeed, can in this posture be communicated to the fragments, and what little is thus communicated is a motion which experience has elsewhere shown not disturbing or pernicious, but a motion only upon the ends of the fragments, as upon a pivot."

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Blanchard & Lea are the largest *publishers* of Medical Books in the Union; but we are informed that they only sell at wholesale, while the Messrs. Woods, of New York, are perhaps the largest retailers in the country.

Blanchard & Lea have been fortunate in publishing many works which have become *indispensible* to every intelligent physician. Of some of them they have published numerous and oft-repeated editions. We find from this "Illustrated Catalogue" that Dewees' System of Midwifery has reached its *twelfth* edition; his treatise on Children, its *tenth,* as also his treatise on Females. Dunglison's Human Physiology has reached its seventh, and many of their reprints the third, fourth and fifth.

They have in press, HUMAN HISTOLOGY, IN ITS APPLICATION TO PHYSIOLOGY, AND GENERAL PATHOLOGY. BY EDMUND R. PEASLEE, M. D.

New Hampshire physicians will be on the look out for its appearance, as they have long felt that they may depend on the investigations and deductions of Prof. P., as accurate, truthful, and logically correct.

ON COUGH IN GENERAL, AND ON HOOPING-COUGH IN PARTICULAR.

By Dr. R. B. Todd, F. R. S., *Physician to King's College Hospital, London.*

[Cough is "a sudden convulsive expiratory effort." Irritation of any kind upon the pulmonary mucous membrane will produce *cough*;—irritation of the nasal mucus membrane will produce *sneezing*, another expulsive effort. It should be observed, that the nasal branch of the mucus membrane is supplied by sentient branches of the fifth nerve, while the pulmonary surface is supplied by branches of the vagus; and it has been proved that irritation of the vagus, in any part of its course, will produce cough similar to that which occurs in any disease of the respiratory organs.]—*Braithwait's Retrospect.*

A common cause of cough—indeed a much more common one than is generally supposed—depends on irritation of the pulmonary branches of the vagus, consequent on the pressure exerted on them by enlarged bronchial glands. Tumors, also, of various kinds, are capable of exciting cough in a similar way, and the development of tubercles in the lungs may produce the same effect. Aneurisms not unfrequently give rise to a cough, which may baffle us in our endeavors to account for its production; and, indeed, cough is often a very important symptom in the diagnosis of aneurism, and one from which we frequently derive assistance in localizing the disease. An aneurismal tumor may press upon the branches of the vagus distributed to the trachea and bronchia, and thereby excite the most severe paroxysmal cough. Of this there is an excellent example now in Fisk ward. The patient is a man who was admitted for cough of this character. We carefully examined his chest, without being able to discover any indications of disease in the lungs; but at length we obtained evidence of the existence of an aneurismal tumor, which, most probably, by pressing upon some branches of the vagus, excited the violent cough, that constituted so prominent a feature in the case.

So, again, inflammatory ulceration of the trachea, whether primary or secondary, resulting from the pressure of an aneurismal tumor, especially about its bifurcation, where there are many branches of the pulmonary nerves, may cause a very distressing cough.

Thus, then, in reviewing the various circumstances under which cough may occur, you may enumerate the following kinds of this affection: 1st. The throat cough, the exciting cause of which may be either in the fauces or in the larynx. 2d. The tracheal or bronchial cough, when the trachea or primary bronchi are the irritated parts. 3d. The pulmonary cough, when the smaller ramifications of the bronchial tubes or the lungs are the seat of the irritation. 4th. Practical men will admit, I think, the existence of a cough dependent on gastric irritation; and, lastly, in persons of highly nervous temperament, there is the nervous cough, which, in most instances, is no more than a convulsive affection of the throat muscles.

Of these forms of cough, those which most frequently come under our observation are, the throat cough and the pulmonary or lung cough. Both are very prevalent at this time of the year. The former is the common cough of ordinary colds, and may be readily distinguished by the absence of all abnormal phenomena, connected with the breathing sounds, and by the swollen and red condition of the mucus membrane of the fauces, and more or less of hoarseness. In more chronic cases, this membrane is less or not at all swollen, and assumes a dusky red hue and a lax condition. Coughs of this kind are repeatedly mistaken and treated for pulmonary coughs, and the patients condemned to take large quantities of nauseous drugs; whereas many of them are easily curable by local treatment. This kind of cough is often exceedingly violent and distressing, and it is not generally accompanied by any other sputa than throat mucus and saliva.

The more common form of lung cough is that which attends bronchitis. This occurs generally in paroxysms; it is accompanied with expectoration, which is the more abundant in proportion to the extent and severity of the bronchial affection. We find it likewise in connection with tubercular or other disorganization of the lungs, and the more severe in proportion to the extent of pulmonary destruction and consequent bronchial irritation. Under these cicumstances, an expectoration, generally copious and purulent, follows the cough; and, indeed, the presence of this matter in the bronchial tubes very frequently aggravates the cough. Another form of lung cough is short and dry, or accompanied by little or no expectoration, and apparently kept up by some permanent irritant in the lung's substance, as crude tubercles scattered among the bronchial ramifications. Such a cough is a common precursor of confirmed phthisis, or, more correctly, an attendant on its early stages.

Such are the ordinary causes and forms of cough.

Hooping-cough.—There is yet one other form so peculiar and characteristic, constituting as it does, not alone a symptom, but in truth a disease. The hooping-cough, so called from its peculiar final whoop, which is a sign that the patient is again taking breath, is not often brought under our notice in the wards of an hospital. It is much more common among the out-patients of an hospital than among the in-patients.

Passing over the history and symptoms of the disease, for which we have not room, Dr. Todd proceeds:

Hooping-cough, then, as far as present knowledge enables us to speak, is a disease which runs a certain course, can be communicated from one person to another, and is probably due to the influence of a poison which gets into the system, and produces its local manifestations on the vagus nerve. It is not an inflammatory affection of any part, being simply dependent on a morbid state of the blood, caused by the introduction into it of some poison from without; and whatever inflammations may occur in the course of it must be regarded in the light of complications of the disease.

Treatment.—Having advanced this view of the nature of the disease, let me make a few observations upon its rational treatment, as founded upon these opinions.

Assuming hooping-cough to be a disease depending on the presence of a morbid poison in the blood (which is the most reasonable view of its pathology,) to cure the affection perfectly, we ought to find an antidote for the poison which produces it. If we could find some material which, when introduced into the system after it had received the poison, would neutralize that poison, then we should have the same power over this malady as we now possess over intermittent fever, which as you know, is also a paroxysmal disease, depending on the presence of some morbid poison in the system, and for which an antidote has been found in bark. But since, unfortunately no antidote for hooping-cough has as yet been discovered, it should not be our practice to look on in silence, and let the patient cough it out; but our aim should be to find the means of guarding him against the bad consequences of the cough, and to protect him from all those complications to which I have referred.

As the disease does not consist in an inflammatory condition of any part, we may at once dismiss all so called antiphlogistic plans of treatment. The plan, indeed, has had a fair trial; and if it had any real power over the disease, we should have long ere this accumulated abundant evidence to prove its superiority. The tendency of all the usual antiphlogistic measures is to weaken the nutrition of the lungs and the nervous system, and to impoverish the blood; to reduce the quantity of its coloring matter, to favor the accession of convulsions, and by the watery parts of the blood filtering through the walls of the blood-vessels, to promote the tendency of hydrocephalous.

The first point in the treatment is, carefully to guard the patient against the occurrence of bronchitis and pneumonia, as complications of the disease. Now, there is nothing which is so fertile a cause of bronchitis, as the admission of cold air to the bronchial mucus membrane. Consequently the patient should be kept in a well-regulated temperature; if his illness occur in the winter, he should stay in a roomy, well-ventilated apartment, which is not too warm, but of a uniform heat. He should be kept in this apartment, and not allowed to run about the house into rooms, or upon lobbies or staircases, which must present great variety of temperature. Early and close attention to the maintenance of a uniform temperature of the atmosphere in which the child resides, may save much subsequent mischief.

The second point is to uphold the general nutrition—to keep the patient well nourished. I do not mean that the patient thould be crammed or over fed, but that his diet should be well regulated, and sufficient food of all kinds supplied, not only to satisfy the appetite, but also—and what is far more important—the real wants of the system. On this account, I object to keeping children in this disease without animal food, as some so much insist on, though why they do so I cannot tell; for meat, in regulated quantities, and properly masticated, is more easily digested than almost any thing else; and it differs from all other alimentary substances, in the fact that its digestion consists in a simple process of solution in the stomach.

Another practice which exercises a most favorable influence on the nervous system (and it is this that we must look to after all,) is sponging the chest with *cold water* once or twice a day. The parents of weakly, delicate children often object to this plan of treatment; but by ordering a little spirit to be mixed with the water, you not only may overcome their scruples, but in giving a stimulating quality the application increases its efficacy. The sponging of the back and front of the chest, night and morning, exercises a bracing and tonic influence on the nerves, and in this way often acts very beneficially in this disease. Spiritous embrocations often do good in a similar manner.

In a large number of cases, one can get on very well without having recourse to drugs. Those which you will find most useful, and which I would recommend to your notice, as sedative antispasmodic remedies, in virtue of the power which they possess in allaying irritability of the nervous system generally, such as the various preparations of opium and belladonna. The non-nauseating expectorants, such as chloric ether, ammonia, and perhaps senega, may be also used; and astringents, to check excessive bronchial secretion, such as alum, sulphate of zinc, tannic and gallic acids, are sometimes necessary. But you must bear in mind, that such remedies should be used with caution, especially opiates, which in infancy and childhood are at all times to be given with great care, and more particularly if the lungs have become congested. The drugs which I would recommend you to avoid, are those which have a depressing and lowering tendency, such as tartar emetic and ipecacuanha. Many children, I am quite satisfied, while suffering from hooping-cough, have died from the too free and slovenly exhibition of these emetics.

If I had an opportunity of treating hooping-cough on a large scale, I would, in cases in which the paroxysms are very frequent and very severe, and when, as yet, the lungs are free from congestion, but not otherwise, give a fair trial to the careful inhalation of chloroform, with the view of endeavoring to cut short the paroxysm. We know that we can arrest the paroxysm of asthma in this way; why, then, should we not be able to do the same with that of hooping-cough. I have also known laryngismus stridulous relieved by the use of chloroform; and it is now well proved that other convulsions of children may be checked by its means.

In the cases of delicate children, where there is great reason to fear that damage may be done to the lungs by the cough, this practice may prove very useful. But with reference to the administration of chloroform, this fact should always be borne in mind, and it cannot be too frequently reiterated, that due provision should be made for the simultaneous free admission of air, along with the vapor of chloroform. There is no point upon which some men seem to be more foolhardy than on this one; and it is by the neglect of attending to this, that the reputation of one of the most valuable remedies that has ever been applied to the relief of human suffering may be seriously damaged. I do not advise you to give chloroform so as to produce its full effect; it may be inhaled in small doses of ten or fifteen minims, which may be repeated at intervals, according to the severity of the paroxysms. When children are already in an exhausted and very depressed state, chloroform ought to be administered by inhalation, or it should be given only in the smallest quantities.

Another remedy in the treatment of hooping-cough, to which I should very much like to give a fair trial, is the application of cold water on the splashing plan, two or three times daily, with or without the inhalation of chloroform. Such a practice must be pursued with proper precautions, first, to maintain a warm temperature of the room in which it is done; and, secondly, to have the water thrown over the child rapidly, and not so as to wet the head. To let the back and chest receive the brunt of the splash. These measures combined would tend to diminish the severity of the paroxysms, ward off the occurrence of bronchitis and pneumonia, as complications of the disease, promote the general nutrition, stimulate the nervous system, and thus protect the patient from the damaging effects of the cough.—*Med. Times and Gaz. March* 4, 1854, p. 203.

OBSERVATIONS ON SOME OF THE REMEDIAL POWERS OF THE SIMABA CEDRON, *and on its Employment in Intermittent Fever.* BY S. S. PURPLE, M. D.: *pp.* 16.

Dr. Purple has made some very careful and accurate observations on the effect of this remedy on cases of intermittent fever, which he has detailed with much candor, and concludes as follows:

"FINALLY.—From the declared experience of various observers of the medicinal effects of the Simaba Cedron, we are warranted in drawing the following conclusions regarding its therapeutic action:

That it possesses decided anti-periodic properties, and is therefore applicable in the treatment of periodic diseases.

That it is less likely than quinine to produce the aggregate of encephalic or neuropathic phenomena, induced by overdoses.

That it may, in large doses, repeated often, produce griping of the bowels, and even diarrhœa; but that these conditions are easily controlled by appropriate medicaments.

That, as a remedy in intermittent fever, it possesses properties, in many respects, equal to quinine, and in most cases is equally adapted to the curation of this disease.

That, in the treatment of yellow fever, it does not appear to possess any particular advantages over quinine, but, nevertheless, is equally well adapted to fulfill the indications which call for the use of this latter remedy.

That it possesses marked tonic properties, and deserves a prominent place in this classification of the Materia Medica.

That in chronic dysentery, diarrhœa, dyspepsia, and all states of the stomach accompanied with impaired or difficult digestion, its use will be found to be attended with benefit.

That, should a demand arise for its use in medicine, it is believed that it will be found not difficult to obtain a supply, in quantities sufficient to afford it at a much less price than quinine."

TREATMENT OF URTICARIA. BY DR. G. BUDD, F. R. S.—When nettle-rash is brought on by eating some substance in common use, and occurs frequently, the offending substance may sometimes be detected by the plan followed by Willan. He says: "I have desired several persons affected with chronic urticaria to omit first one and then another accustomed article of food or drink, and have thus been frequently able to trace the cause of the symptoms. This appeared to be very different in different persons. In some, it was malt-liquor; in others, spirit, or spirit and water; in some white wine, in others vinegar; in some fruit, in others sugar; in some fish, in others unprepared vegetables. I must, however, confess, that several cases have occurred to me, where a total alteration of diet did not produce the least alleviation of the complaint."

It sometimes happens that a nettle-rash, resulting from defective digestion, is brought on not merely by some substance, but by several substances in common use; and it is then very difficult to detect the offending substance or to prevent the disorder by any restriction of diet to which the patient will submit.

In such cases, the disorder may sometimes be prevented by giving daily, immediately before dinner, or before breakfast and before dinner, a pill containing three or four grains of rhubarb; or what is still more effectual three or four grains of rhubarb, and from half a grain to a grain and a half of the powder of ipecacuanha.

I several years ago learnt the occasional efficacy of rhubarb given at such times, from a lady who told me that she was harrassed by frequent recurring nettle-rash for many years, and consulted many physicians, and tried various remedies in vain, until some person, who had suffered in the same way, advised her to eat a few grains of rhubarb every day, just before breakfast and just before dinner. She followed the advice, and was freed from the nettle-rash. After some time she left off the rhubarb, and the nettle-rash returned. She took the rhubarb again, and the nettle-rash again disappeared. This experiment she often repeated at distant intervals, and always with the same result. When she gave me this account, she had continued the practice of thus eating rhubarb for several years, with the occasional intermission of a few days, by experiment. She had a persuasion that if she then left off rhubarb, the nettle-rash would recur.

Small doses of rhubarb and ipecacuanha are, as I have before observed, often of service, where, from slowness of digestion, a sense of weight and oppression at the stomach is felt for some hours after meals, and seem to quicken and strengthen digestion by increasing the flow of gastric juice.

While taking these medicines, the patient should endeavor to strengthen digestion by exercise and fresh air; should be careful not to eat too much at a time, or too often; and should live on a very simple diet—avoiding spirits, and cheese, and pastry, and undressed vegetables, and in particular, those substances which have an especial tendency to bring on nettle-rash.

It sometimes happens, especially in women, that the nettle-rash, though depending immediately on the stomach, occurs only when digestion is weakened by over-fatigue or anxiety or some other mental emotion, or by profuse monthly discharges, and that remedies of a different class are availing.

In some cases, where all the means of which I have before spoken, had failed, I have known the eruption disappear under the use of carbonate of ammonia, alone or in conjunction with tincture of gentian.

Serpentaria is another remedy that has obtained some repute in the treatment of this disorder, but I have never made trial of it.

I may as well observe here, that an excellent application for allaying the irritation of nettle-rash, whatever be its cause, is a lotion made by mixing ʒss of acetate of lead and ℥ss. of tincture of opium with ℥viij. of water.—*Medical Times and Gazette.*

SUBSTITUTE FOR DOVER'S POWDER.—Dr. Tully, formerly Professor of Materia Medica and Therapeutics in the Medical Department of Yale College, some years ago introduced an anodyne diaphoretic powder, designed as a substitute for the compound powder of ipecacaunha, which is prepared as follows:

℞ Morphiæ sulphatis, gr. ij,
Pulveris glycyrrhizæ,
Cretæ pretaratæ,
Gum. Camphoræ, aa, ℈ij,
Misce.

This compound is almost exclusively employed by the disciples of Dr. Tully, and by many other physicians in Connecticut and Massachusetts, in all cases in which Dover's powder is commonly employed. It is supposed to be more palatable, and less apt to excite vomiting than the remedy for which it was substituted, while its efficacy is the same. The usual dose of this powder is ten grains, containing the sixth of a grain of sulphate of morphia.—*Virg. Med. and Surg. Jour.*

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NEW-YORK MEDICAL COLLEGE.

THE next Annual Course of Lectures in the New-York Medical College will commence on WEDNESDAY, 18th of October, 1854, and continue until the 1st of March, 1855.

HORACE GREEN, M. D.,
President of the Faculty, and Professor of the Theory and Practice of Medicine.
EDWIN HAMILTON DAVIS, M. D.,
Professor of Materia Medica and Therapeutics.
B. FORDYCE BARKER, M. D.,
Professor of Midwifery and Diseases of Women and Children.
R. OGDEN DOREMUS, M. D.,
Professor of Chemistry.
J. M. CARNOCHAN, M. D.,
Professor of the Principles and Operations of Surgery.
EDMUND R. PEASLEE, M. D.,
Professor of General, Descriptive and Microscopical Anatomy.
EDWARD H. PARKER, M. D.,
Professor of Physiology and Pathology.
JOEL PARKER, LL. D.,
Professor of Medical Jurisprudence.
D. S. CONANT, M. D.,
Demonstrator of Anatomy.

A Preliminary Course of Lectures will commence on Monday, the 2d of October, which will be independent of the regular Course, and will be free to all Medical Students

The dissecting-rooms will be opened for Classes on the 1st of October.

This College has just received from Europe a most valuable and extensive Museum, fully representing external and internal Pathology, together with the whole series of the Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

FEES.

Matriculation, $5; Demonstrator's Ticket, $5; the full course, $105; for the final examination, $30. R. OGDEN DOREMUS, *Dean of the Faculty.*

New-York Medical College, East Thirteenth Street, near Broadway. Aug. 1854, 3m.

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THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

VOL. IV. DECEMBER, 1854. No. 12.

For the N. H. Journal of Medicine.

CASE OF SUDDEN DEATH.

BY W. H. H. RICHARDSON, M. D., EAST MONTPELIER, VT.

J. W., farmer, 46 years of age; robust; weight more than 200 pounds, and of intemperate habits; first applied for medical advice, February 8.

His general health has been always good, except several attacks of acute rheumatism in the earlier part of his life, which disease he considers hereditary in his family.

Says he was attacked a few days since with pain in his limbs and in his knee, and ankle joints, with œdematous swelling of the lower extremities and scrotum.

Present condition. Conjunctivæ injected, tongue slightly coated, appetite capricious, bowels regular, nervous system somewhat excited as of one who has suffered from delirium tremens; impulse of the heart strong, striking its opax against the thorucic wall to the left of its normal position; respiration 24, pulse 90, urine tested both by heat and by $N+O^5$ and found to be very albuminous, having a specific gravity of 1020.

Treatment. Perfect quiet enjoined, with anodynes and mild tonics. For the nine succeeding days he appeared to be slowly convalescing; but on the 17th, without any previous unfavorable symptoms having been noticed, suddenly became comatose, and died in one hour. I should, perhaps, mention that the urine had continued albuminous during the whole of this period.

Autopsia, 24 hours after death.

External appearances, nearly normal.

Brain. Vessels of the dura-mater much injected. About one teaspoonful of serum in the arachnoid sac. The meshes of the pia mater filled with transparent serum, giving it the appearance of a jelly-like membrane. When the arachnoid was punctured, this serum leaked out and the jelly-like appearance disappeared. Three ounces of serum in the cranial cavity, arachnoid membrane somewhat opaline soperiorly and laterally, the larger vessels bordered by white lines, vascularity little more than natural. Brain of usual hardness, with no marked distinction between the cineritious and medullary portions; the latter, however, considerably injected; considerable serum in the ventricles; small bladders of serous fluid in the choroid plexus, giving it a beaded appearance.

Chest. Upon opening the chest the lungs do not contract.

Heart. The precordial space uncovered by lung, unusually large; being six inches transversely, and six inches perpendicular; of a conical form. Three ounces of bloody serum in the perecardium. The heart was very large, being 14 inches in circumference at its base before being emptied of blood; length from base to apex 5 inches; right ventricle one third larger than natural; average thickness of wall half an inch, valves healthy, right ventricle filled with a firm clot, taking the mould of the pulmonary valves. Left ventricle one third larger than natural; thickness of walls at middle, one inch, at apex half an inch, at base five eighths of an inch; valves healthy; making a simple hypertrophy, with moderate dilatation of cavities. Weight of the heart, 20 ounces (avoirdupois.) *Lungs* mottled with carbonaceous matter; right lung adherent at base and apex only. The upper and middle parts are in the first stage of pneumonia, which was most intense at the central part, while the surface was less congested. No tubercles discovered; one and one half pints of bloody serum in the pleural cavity.

The left lung was in a state of inflammation. The bronchial tubes somewhat injected. Kidneys healthy.

From the albuminous urine I had expected to find granular disease of the kidney, and that the sudden death was from poisoning by urea; but the result of the post mortem examination did not confirm such an opinion.

For the N. H. Journal of Medicine.

LIGATURE OF THE SUBCLAVIAN.

A. M. Wardwell, of Otisfield, Maine, by a fall from his cart received a severe wound from a pitchfork which he held in his hand. The tine entered obliquely near the left breast and passed into the axilla, puncturing an artery. In a few moments there was a diffused aneurism of enormous size, extending from the sternal portion of the clavicle to the axilla. Physicians were called, who, after a week, poulticed the tumor for the purpose, I suppose, of bringing on suppuration. On the 23d inst. I was called with others to see him, four weeks after the injury. He had grown very feeble, from long-continued suffering; was unable to sit up, or move himself in bed. Severe pain and numbness in the left arm, and hand from the upward pressure of the aneurism, which had elevated very considerably the shoulder and clavicle. We decided that there was no possible chance for his recovery in his present situation, but that death would soon terminate his sufferings. The operation of taking up the subclavian artery above the clavicle, was agreed upon as the only means by which the hemorrhage could be prevented and life prolonged. This, though a difficult operation under the most favorable circumstances, was rendered far more hazardous in this case, from the elevation of the shoulder and clavicle making the distance from the clavicle to the artery, which is usually an inch, an inch and a half, to two inches and a half.

Dr. Isaiah M. Blake, of Bridgton, performed the operation with a firm and skilful hand, and evinced a knowledge of his profession, though comparatively a young man, which would do honor to any surgeon.

Five days after the operation Mr. Wardwell was very comfortable and cheerful. There was a slight pulsation of the radial artery at the wrist, and a fair prospect of his immediate recovery. His age was 58 years.

Fryeburg, Oct. 3, 1854. RUEL BARROWS.

LECTURES ON FEVERS. BY WILLIAM STOKES, M. D., *Regius Professor of Physic in the University of Dublin.*

LECTURE IV.

It was my intention to have commenced to-day the examination of the more important secondary diseases of fever; but we must postpone this part of the subject, and take the opportunity of studying the general symptoms of fever as they are presented in their most aggravated and appalling form, in the case of the young man Hardcastle. This patient is a native of England, and has been but a short time in Dublin, and his case is full of instruction.

I have mentioned that this patient is a native of Ireland, because it is probable that this circumstance has acted in modifying the symptoms of his disease. Had this patient been attacked with fever in his native place, he probably would have shown the symptoms of what is called typhoid fever, and the case would have been a comparatively mild one. But, at all events, this much we may believe, that different countries present endemic, sporadic, and even epidemic fevers, with characters in some degree peculiar to themselves; and we are not yet able to explain why fever in one country differs so much from fever in another—why maculated typhus should be so common in Ireland, and so rare in England—nor why the fever in Paris should so constantly present a particular local lesion. Many causes, doubtless, act; and I suppose among others such as climate, diet, soil, and so on, that the race and temperament are to be reckoned. And I have suggested that if the various families of mankind have a physiological stamp, they probably have also their pathological peculiarities. However this may be, it becomes a curious subject of inquiry to determine what are the modifications of the symptoms of the fever in Ireland or in any other country, when the patient is not a native of the country, and especially if he has not long been resident in it. The most extraordinary case I ever witnessed was that of a gentleman, a native of France, who, after a long exposure to contagion, contracted maculated typhus here. He was a man of a sanguineo-nervous temperament, and exhibited during his illness a succession of symptoms widely different from those which we commonly see in the spotted typhus of this country. He was profusely maculated, and the peculiarity of the case consisted in the irregular manifestations of various local symptoms, and the inconstancy of the general condition, especially with reference to excitement nor collapse. This gentleman happily recovered, after passing through a storm of disease, such as I and his other attendants, Dr. O'Ferral and Dr. Graves, had never seen before.

Hardcastle is a young man who has been well educated, and he is evidently above the rank of the ordinary hospital patient. His symptoms have been, from an early period of the disease, alarming in the highest degree. You will seldom see a worse case of adynamic fever. We may safely say that for the last fortnight, both by day and by night, there has been an uninterrupted struggle between medical art and the fell disease which is upon him. During that time he has been lying more like a decomposing corpse than a living man; but he has been kept from dying by the bold and constant exhibition of stimulants, by tonics, and by food.

Some of you may wonder why it is that we thus go on with the increasing exhibition of stimulants—the untiring efforts to support life, although for the last ten days at least we have been hourly expecting his death? And the answer is, that we believe his disease is one that may subside, sooner or later, under the law of periodic action. His recovery will then take place,—not in consequence of the action of any specific which has the power of curing fever, but from causes the nature of which is hidden from us. We are like the defenders of a post attacked by a powerful enemy, but yet expecting succor, and we seek to hold the place till that succor arrives.

There are two points in this case worthy of notice. One is, that the nervous system has been so little engaged. He has had occasionally a slight delirium, and latterly some agitation and slight subsultus tendinum; but though he generally appears sunk in stupor, it is not true coma, but rather the stupor of exhaustion, for when you rouse him his intelligence seems to be good. Is this escape of the brain to be looked on as favorable, or the contrary? According to an old and well-founded opinion, all anomalous circumstances in fever are to be feared. You know the aphorism, "*Pulsus vultus et urina, bona, et æger moritur.*" This contains an important truth; but, in typhus, the want of nervous symptoms is in general favorable; for of the symptoms referrible to one of the three cavities, doubtless those indicating nervous lesion are the most formidable.

The second point to which I wish to direct your attention is, that although this patient presents the symptoms of typhus so decidedly, he cannot be said to have any maculæ or petechiæ. In fact, his skin has been unaffected; there has been none of the so-called exanthematous eruption of typhus; and, even at this advanced period, the existence of petechiæ is so doubtful that I would not say that he has them. Yet, if ever a man had the *typhus gravior*, this man has it. His surface exhales the peculiar odour of typhus, strongly marked; he is prostrated to the last degree; he has been kept alive by the most powerful stimulation; he has a feeble heart and well-marked secondary affections of the intestinal and bronchial surfaces; his mouth is full of sordes; his tongue black, dry, and cracked; his breath fetid. The stethoscope indicates a general and severe bronchial affection, and there is a wasting diarrhœa.

I am not going to take up your time by a discussion as to the distinctive characters of typhus and typhoid fever, about which so much has been written of late. But it would be, I think, difficult even for the advocates of the distinction to declare in which class this case should be placed. In this instance, as in most others, the settlement of the question is of little value; for, whether the disease be typhus or typhoid fever, the treatment should be no other than that which we have so far carried out. I may say this much, however, that the presence or the absence of an early eruption having some similarity to an exanthem; or, again, the presence or absence of petechiæ, appears to be insufficient to justify our drawing a strong line of distinction between these diseases. As to the doctrine that the early eruption in typhus is a true exanthem, and that its absence in any given case points out that the disease is not typhus but typhoid fever, I would advise you to receive it with more than caution. Again, it is stated that the non-maculated fevers are often protracted and dangerous. So they are, but not so often as they are short and easily managed. And I have not seen that relief of organs in typhus which some describe as the rule, when the eruption appears. How, then, are we to look on the eruption? Certainly not as a distinctive mark between two different diseases. Gentleman, we know that typhus fever will run its course, and destroy life, without the production of any hitherto ascertained anatomical change. We know, further, that in many cases local alterations are formed; but that there is the greatest inconstancy in different epidemics, and in different patients during the same epidemic, in the seat, amount, in the time of appearance, and in the results of these local changes. The cutaneous affection is plainly one of this group of secondary affections; and its absence or presence can no more be said to distinguish the disease, than the absence or presence of any other of the secondary affections. I think we may admit that an early and florid eruption is often met with in cases in other respects well marked; and again, that such cases generally require and bear stimulation.

To return to the case of Hardcastle. We observe that there has been as yet no tendency, either to the critical or periodical retrocession of the secondary diseases, nor to the critical or periodical termination of the general affection. The 14th day passed by without any crisis or without any subsidence of the disease; the 18th day passed by; the 21st day has passed by; and he is now in the 24th day of this terrible disease, kept alive by the use of wine, administered every hour, and also by the occasional free use of hot brandy punch. He presents an appearance to-day to which I wish especially to direct your attention. You may remember that Saturday last was the 21st day, and it was then reported to me that the patient was getting a bed-sore. Upon examining him, we found, in the ordinary situation of bed-sores, a blush of redness and a slight degree of œdema; and beyond that there was nothing remarkable. There was this point, however, which I observed at the time, although it was not until to-day that I thought of its importance, namely, that there was already a solution of continuity of the skin. Now this is remarkable, and if such a case should occur to me again it would awaken my attention. In the ordinary case of bed-sores we seldom see a solution of continuity of the skin in an early period; we see lividity, blackness, if you will; but a solution of continuity of the skin before the ordinary appearances of mortification have occurred, is extremely rare.

In this patient, on Saturday, just at the very centre of the livid patch on the skin, there was a slight solution of continuity. During the evening the nurse observed that several dark-colored vesicles or pustules were making their appearance on various parts of his body. Mr. Parr saw these on Sunday, and he found that between the shoulders there was an eruption of livid tumors, which appeared to be something between vesicles and pustules; and to-day (Tuesday) such of you as saw the patient will not soon forget the extraordinary appearance of his back. I have been attending on fever in this Hospital since 1827, and I never saw anything of this kind before. Now, it is a very remarkable circumstance that this eruption of gangrenous vesicles or pustules should have occurred upon the twenty-first day; and this case, as far as it goes, appears to strengthen an opinion which I have long held, that we were in error in attributing what are termed bed-sores in fever simply to mechanical causes. The general idea is, you know, that they are simply the result of pressure long continued on a particular part of the body, from the neglect of turning the patient in bed, of pressure combined with the effects of position. Now, there can be no doubt that these are predisposing causes, but whether they are the sole and entire causes is another matter; and I am to a great degree convinced that the bed-sore in fever is often one of the group of secondary affections, analogous to the ulceration, or to the tumefaction and ulceration, of the glands of the intestine—analogous to the other secondary organic diseases of fever. And if analogous to them, it should be more or less observed to be under the law of periodicity; it should appear at a certain time, and it should disappear at a certain time, or, at least, exhibit a tendency to do so. We have observed this very curious fact. There are cases in which the system seems to be in a state that bed-sores will form from the slightest possible cause; that is to say, whenever there is any irritation or any pressure, no matter how slight, a bed-sore will form in any part of the body. Some years ago we had a patient in this hospital, who, after the 12th day, showed this tendency to bed-sores. She had bed-sores in the nates, and one on each shoulder. Then the tendency to the multiplication of these bed-sores increased, and every morning two or three new local diseases of this kind were discovered. Wherever there was the slightest possible pressure we found a gangrenous spot; in the fold of the arm, in the fold of the pectoral muscle, where the mamma leant upon the arm, where the head leant upon the hand in sleep, the mark of a black hand was stamped upon the face; where one leg lay on the other; in every possible position in which anything like pressure was made, or irritation excited, there were bed-sores; and this went on repeating itself day after day up to a certain day, until there were about thirty sloughs in different parts of the body; and from that day,—I might say from an hour of that day,—no more bed-sores formed, and the patient then had to go through the process of throwing off all those sloughs, the granulation of the cavities from below, and their cicatrization. She was kept lying on her face for upwards of a month, and finally recovered.

Now, what I want to draw your attentiou to in the case of Hardcastle is, that this extraordinary eruption of gangrenous patches on his back is not the nature of bed-sores, in the ordinary sense of the word. These patches are produced by pressure. We find them in great abundance in the hollow of the back, where pressure is relieved by the pelvis and by the shoulders. We find them in abundance in the interscapular region; but if we wanted additional proof it is this,—that we find them on the anterior portion of the thorax. They came out as vesicles. These vesicles became hard at the top, then black, and soon the mass dropped out; and this patient's back is now as if you took a sharp gouge and punched out circular portions of the flesh in vast number of spots. Now, it can be hardly doubted that this singular appearance is simply an example of a secondary disease affecting the surface; and it is very remarkable that it should have appeared on one of the critical days—upon the day when, in the ordinary course of fever, the disease should have subsided. And it strengthens greatly the opinion, that not only the general disease is under the law of periodicity, but that the secondary alterations are so too.

As a general rule, gentlemen, in prognosis, the occurrence of any vesicular eruption whatsoever in fever is bad. We have in fever several forms of vesicular eruptions. But, suppose a patient in the eighth or tenth day of fever, when he is otherwise going on well, you take his hand to feel his pulse, and you are surprised at seeing a vesicle upon his arm. Do not neglect that—do not overlook it. The mere circumstance of that solitary vesicle forming so silently without any pain, without any notice, points out that there is mischief before you—that the case is likely to go wrong. It is a very important prognostic. Here we have on this patient an eruption of vesicles running rapidly to deep gangrenous destruction of the part; for some of the cavities formed by them are singularly deep, though circumscribed. Now, suppose that in place of that disease attacking the skin, upon the fourteenth day, on the tenth day, or whatsoever day you please, in any case, a similar condition should attack the intestine. Suppose that the typhoid matter suddenly infilterated a gland in the intestine, and that that should fall as suddenly to gangrene, and that there was a solution of continuity; you will at once see the progress of the worst form of the typhoid secondary disease of the intestine. You may look on this man at this moment turned inside out, and that on the surface of his skin you are able to learn the history of the worst form of the typhoid ulceration of the intestine. The extraordinary condition of his surface no one will say is inflammation of his skin. Apply the same view, and will you say that the disease of the intestine is inflammation of the intestine? Certainly not. Whether this man is to live, gentlemen, or to die, I believe none of us can venture to say. Of course, the chances are enormously against him; but, in the treatment of fever, you are never to despair so long as the patient can swallow. So long as he is able to take nourishment, so long as he is able to swallow wine, no matter how dreadful or apparently hopeless the symptoms may be, you are not to desert him, but—to use the phrase of our glorious sailors—you are to fight the ship while she swims. In a disease under the mysterious law of periodicity, every hour of compelled life is a clear gain. And, over and over again, you will find that your efforts will be crowned with success. You will see a patient lying with his back icy cold; you will see him pulseless,—his lungs filled up with secretion,—his belly tympanitic, with dreadful diarrhœa,—the lower extremities gangrenous,—himself in a state of insensibility,—and yet, even under these circumstances, a recovery is possible. But that recovery can only be effected by the steadfast determination of the physician not to desert his post until the vital spark has actually fled; and, if you commit an error in holding on,—in hoping against hope,—at all events it is an error on the right side.

LECTURE V.

With reference to the case of Hardcastle, with which we were occupied at our last lecture, we may hope that the symptoms have at last yielded. The great interest of this case consists in its having been an example of a fever in which the patient was scarcely maculated, yet in which the stimulating treatment had to be pursued with an activity as great or greater than that which we are called on to employ in the worst cases of spotted typhus.

On looking over the notes of the case I find that on his admission, which was on or about the seventh day, he had a few scattered maculæ on the abdomen, of a large size, and of a leaden gray color. He then had diarrhœa, abdominal tenderness, and ileo-cæcal gurgling; and the sounds of the heart, though weak, preserved their natural mutual relations as to force and duration. Doubtless the patient at this period might have been well described as laboring under typhoid and not typhus fever, according to the distinction now in vogue; but on the 14th, or the 21st, or the 24th day, he would be a bold man to declare that the case was not typhus of the worst description. He is now at the 28th or 30th day of his illnes, and we have every reason to believe that all will now go well. Since the eruption of gangrenous vesicles or pustules, which occurred on the 21st day, there have been no new appearances of this form of disease, there has been no new bed-sore, nor have the gangrenous patches spread, as might have been expected; two of them are in the form of sinuous cavities, but even these show signs of healing. These sores on the back were treated first, you will remember, by the simple and afterwards by the fermenting poultice; but as the latter gave considerable pain, the nurse returned to the simple poulticing, and now, under the advice of my colleague, Mr. Smyly, we have changed our plan, and are using stimulating dressings to the ulcerated surfaces. In the management of these sores, whether they be the ordinary bed-sores or examples of the gangrenous pustules, both of which appear to be of the nature of the genuine secondary affections of typhus under the law of periodicity, it sometimes happens that we have to deal with extensive sinuses. I have seen them sometimes of not less than seven inches in length. In most cases the best treatment for them will be stimulating injections, using as an apparatus the vulcanized India-rubber bottle, with a long and slender ivory pipe; and it is generally requisite at first to wash out the sinus with tepid water, and afterwards to inject some of the metallic solutions—diluted solutions of sulphate of copper, nitrate of silver or sulphate of zinc; and when the discharge is very fetid you may use the decoction of bark, or the solutions of chloride of lime or soda. An excellent dressing when the sore is open, is the Canada balsam combined with oil, or a mixture of equal parts of castor-oil and balsam of copaiva. You will derive advantage, also, from the employment of pressure by means of flat compresses of lint, and a roller, when it is possible to apply it, or in other cases you may employ strapping with adhesive plaster. When the sinus is in a depending position, and matter accumulates in its lower portions, it is sometimes necessary to make a counter opening; but this operation should rather be delayed until the system of the patient has improved. The case is then to be treated as an ordinary surgical case.

Now let me draw your attention to the diligence with which the administration of wine has been pursued in this case. We began the exhibition of wine on the 2d day of November, which was the eighth day of his disease; and for the next four days the quantity administered was six ounces daily. The wine used all through was port, of an excellent quality. From the 6th to the 11th he had twelve ounces daily, and from the 11th to the 18th his daily allowance was twenty-four ounces. During the next three days it was reduced to eighteen ounces, and from the 21st to the 26th to twelve ounces per diem. On the 26th and succeeding days he had ten ounces; on the 28th the quantity was reduced to eight; on the 4th of December he had but four ounces; and the wine was omitted altogether on the 5th. Besides all this, a tumbler of hot brandy punch, containing two ounces of the best brandy, was administered from time to time whenever the patient's state seemed to require it; and in this way he used about twenty-four ounces of brandy, and 438 ounces of wine, and, in addition, bark, musk, and ammonia were freely exhibited.

Some may suppose that this quantity of wine was excessive. Such is not my opinion, nor will it be yours when you come to treat the typhus of this country in a large hospital. I am sure we might have given him with safety much more, and I doubt if we could have done with less. And the result of the case confirms what I have said to you before, that in case of a fever, no matter how terrible the group of symptoms may be, you are not to despair, so long as the patient can swallow. Bear in mind, too, that all through, Hardcastle has been carefully fed with chicken broth, beef-tea, and jelly; and we have now passed that period when, under the law of periodicity, his terrible disease will subside.

This case brings to my recollection two remarkable instances in which an extremely bold use of stimulants was the means of saving life. Both were cases of most malignant typhus, and in both instances the patients were medical men. In the first we administered more than two dozen of wine, of which six bottles were champagne; and besides this, the patient had not less than six bottles of brandy. His fever did not pass the twenty-first day; it was, therefore, at least ten days shorter than that of Hardcastle's, so that the stimulants were not only in greater quantity, but exhibited within shorter intervals of time. The symptoms in this case were the most extreme adynamia, continued coma, persistent coldness of the breath, enormous vibices, and a general purplish black color of the skin. We could discover no local lesion: the recovery was perfect, and the gentleman has now remained for many years in excellent health. He was a man of very temperate habits. In the second case, on about the twelfth day of the fever, I was called to see the patient; he had got no stimulants. The nervous system was free, the surface was cold, and the pulse almost imperceptible; the integuments of the lower extremities, from the middle of the calf downwards, were black, and hung in loose wrinkles on the limbs. The patient swallowed about sixteen ounces of brandy in the course of a few hours; reaction was established, and the case did well. We expected extensive mortification in the legs, but within four-and-twenty hours from the commencement of the exhibition of stimulants we found that the circulation was fully reëstablished, the extensive blackness had disappeared, the limbs had recovered their fulness, and the subsequent loss of integument, which occurred only in the feet, was very trifling. In this case there was a petechial eruption, approaching to purpura; but although it is generally true that stimulants are more often called for in the maculated than in the non-maculated cases of fever in this country, yet you must bear in mind that, as in the case of Hardcastle, you will meet with a typhod fever, if you choose to call it so, in which the most energetic stimulants is required. I have given an example of this in my paper on the State of the Heart in Typhus Fever, in Vol. XV. of the *Dublin Medical Journal* (First Series.) The patient used 292 ounces of wine, 20 ounces of brandy, 7 bottles of porter, and had besides various medicinal stimuli and abundance of food. The principal symptoms were extraordinary prostration, coldness of the surface, and feebleness and irregularity of the heart's action; and it was not until the end of the eighth day of the exhibition of stimulants in great quantities that any favorable influence was produced in the circulation; and the case strongly illustrates the advantage of persisting in the use of stimulants, although for days together no amendment seems to follow their employment.

I have sometimes observed that students were under a misapprehension about the doctrines which we have long held in the hospital with respect to the condition of the heart as a guide for the use of wine. They have come to the erroneous opinion that we are only to give wine where we find the want of the first sound of the heart, and that we are not to give wine where the heart is acting well. This is a mistaken view of the matter. What we have established as to the state of the heart in connexion with the effect of stimulants, is simply this: We have ascertained that the efficacy of stimulants is often directly as the debility of the heart. It has been also ascertained that the power of bearing stimulants, their effects upon the nervous system, their good effects on the general condition, are directly as the weakness of the heart. We may lay down as a rule, that there are three conditions of the heart to be looked at by the practical man in the treatment of fever. In one we have an excited heart—a violently excited heart all through the case; and this heart may be excited and violent, although the symptoms be those of extreme adynamia, although the surface be cold, the breath cold, and the pulse so feeble that it cannot be discovered. Nay, the heart may act with great force for several days, and yet there be no pulse at the wrist. This is one case. In the next case, we find exactly an opposite condition, in which the systolic force of the heart is diminished. This is shown by loss of impulse of the heart, by diminution of the first sound, and in certain cases, by extinction of the first sound of the heart while the second remains. This is a case which calls for wine, and in which you should give it: it is a case in which, in the vast majority of instances, wine will agree with the patient. There is a third set of cases in which the heart does not seem to be implicated at all in the course of the disease; in which, notwithstanding the existence of the most extraordinary group of symptoms affecting various organs, the heart, in the middle of the storm, seems to be in a state of calm and quiet. If we compare these three sets of cases with a view to prognosis, we may arrange them in this way. The case of excited heart all through, with feeble pulse and with adynamia, is unquestionably the worst case. There is no worse symptom in fever than an excited heart. It is especially a bad symptom when, with that excitement, we find a feeble pulse. The next will be the case of the sinking of the heart; and the most favorable case is that in which, as I said before, the heart seems to escape disease. But you are not to suppose, that because you have an excited heart you are not to give wine, if the symptoms of the patient require it: and you are not to suppose that, because the heart is not affected at all, you are to withhold wine, if the general symptoms of the patient require it. You are not to found your exhibition of wine or stimulants upon any one thing; you are to take the general state of the patient into consideration. What we have done is to discover an intelligible practical rule which will guide you in the use of wine in certain, I think in many cases; but you are not to suppose that because this man has a clear first sound at his heart, therefore you are not to give wine. You are not to suppose that because the heart is safe you can do without wine. Now, in the care of Hardcastle, recollect that although his heart seemed to escape, or was at most only feeble through the course of the disease, what frightful adynamia existed; how for day after day the patient's face was Hippocratic, or almost so; how the general character of the disease was that of the most terrible putrescent fever; yet his heart escaped. And here is the result. We have given that man upwards of twenty bottles of wine and twenty-four ounces of brandy, and now, on the twenty-eighth or thirtieth day of the disease, we have the satisfaction of feeling that his case may be set down as among the triumphs of medicine. I wish also strongly to impress on you the great importance of the use of other forms of nourishment in this disease; for we must not only keep up the nervous energy of the system by wine, but we must support nature by food. There is no mistake more fatal in fever than the withholding of food. I was early taught the importance of the use of careful nourishment in fever by my friend and colleague, Dr. Graves. I remember once Dr. Graves, when speaking of the necessity of the use of nourishment in fever, made use of these words, "If you are at loss for an epitaph to be placed on my tomb, here is one for you,—'*He fed fevers.*'" In addition to the prejudices with which the inflammatory doctrine imbued so many minds with respect to the use of food in fever, there was a new set of arguments raised against it, in consequence of the experiments of an American physician. I allude to the case observed by Dr. Beaumont, and so often quoted since. In this remarkable case various medicinal substances and articles of food were introduced through an external fistula into the stomach, their effects being noted, as also the conditions of temperature, vascularity, etc. A set of results were subsequently published in connection with the action of the stomach upon food. One of the results stated to have been thus obtained was, that the existence of the state of fever altogether suspended the process of digestion. Here was a statement which had the appearance of being the result of strict observation. It influenced a number of young men; but did it influence those who had once been in charge of a fever hospital? Not at all; because those men knew very well that, no matter what Beaumont might say about the stomach not digesting when the patient had fever, in thousands of cases patients in fever digested remarkably well, required food, and derived benefit from it. In a large number of cases of typhus fever, the stomach has an excellent power of digestion; and I believe, if we were bold enough, we would find that many articles of food usually forbidden to fever patients might be given to them with safety. A curious incident was related to me, which shows that the stomach in fever is capable of digesting even a rather coarse article of food. A lady who had been recently married was attacked with extremely severe petechial fever; she was covered with dark colored maculæ, and the disease had run to about the twelfth or thirteenth day. She was attended by several eminent physicians. Her case was an extremely bad one, and her life was all but despaired of. She was violently delirious. Her husband had occasion to leave the house on some business. At the period of the dinner-hour of the family, the servants were cooking a rump of beef and cabbage, and the odor of it filled the house. In her delirium, she called for some of the beef and cabbage. She was then, you must understand, in severe fever, and covered with maculæ. Her sister, who was attending her, believing she was dying, thought it only right to indulge her, from the feeling that it was right to indulge a dying person. She proceeded to the kitchen, and as soon as the beef was boiled, cut a very large mess of beef and cabbage; and this was brought up smoking hot to the lady's bedside, when she devoured it with great avidity. Shortly afterwards her husband came in, and was told what had happened. He became terrified, and sent for physicians in every direction. Four or five assembled; time was pressing, and every one agreed that something should be done. At length the late Dr. Harvey, a practical physician of the very first class, arrived. He was laid hold of by the agonized husband, forced up stairs, and his opinion earnestly requested. At that time the stomach-pump was not in fashion, but every one agreed that something should be done, that an emetic should be given, or some extraordinary effort made to get this mess of beef out of the lady's stomach. When Dr. Harvey went to the bedside, he found the patient in a tranquil sleep. He turned round, and when anxiously appealed to what should be done, he said—"You had better wait till she wakens; let her sleep it out." She slept for four or five hours; awoke wonderfully better, and on the following day was out of danger. I do not give you this case to induce you to feed your patients with salt beef and cabbage in fever; but it is very important, as showing that in typhus fever, with masculæ, the stomach is capable not only of digesting such a coarse article of food as salt beef, but that even such food may have a good effect.—*Virginia Med. & Surg. Journal.*

EXTRACTS FROM THE REPORT OF THE PROCEEDINGS OF THE NEW-YOLR PATHOLOGICAL SOCIETY. [Selected and prepared by Committee of Publication.]

Specimens and Cases, by A. Clark, M. D., Prof. of Physiology and Pathology in the College of Physicians and Surgeons.

Heart Clots.—Prof. Clark presented a specimen of polypus of the heart, and remarked that he found so many of them that he could match all the polypi exhibited to the Society. This was not so white as others which he had exhibited, but it had the same kind of attachments. The man from whom it was taken was under observation but a few hours. He was very intemperate. Came into the hospital in the morning with pneumonia and capillary bronchitis, and died the same evening. The clot was found in the right side of the heart. One of the folds of the pulmonary valves was torn in two places. How this lesion occurred he did not know; it did not seem to be recent. The two openings through the valve could still be seen, one of which showed very well. An interesting point in regard to them was that this polypus had insinuated itself into those openings, as also one higher up, and completely filled them. This clot was firm and somewhat more bloody than usual; he exhibited it as presenting the ordinary firmness of those usually supposed to have formed before death, though it had evidently occurred after death.

Waxy Liver.—Prof. Clark then remarked, that at the last meeting of the Society he presented a specimen of what was sometimes called *waxy liver*. These specimens were rare, but he now had another to exhibit. The appearance was very much like that of the one formerly exhibited. This specimen, however, differed somewhat from the other, as a few of the cells contained a small amount of fatty matter, while the larger part of them are free from fat and seemed to be a new production. He supposed this ought to be called the "waxy liver," and yet there seemed to be some diversity of nomenclature. The "scrofula liver" would perhaps better bring it within the range of the description of such cases. In this instance, however, there did not appear to have been any scrofula. The person from whom it was taken had syphilis at the time of her death. The point of interest was whether she had syphilis and had long been treated with mercury, or whether she had scrofula. The specimen presented at the last meeting was a very good illustration of this point, for the man had scrofula, as seen from two large ulcers under his arms, and also had had syphilis, and had been treated actively with mercury. In both instances there was a considerable amount of abdominal dropsy. In the last it was extreme, and was supposed before death to depend upon cirrhosis, but on post mortem examination this condition presented itself.

In regard to the character of the deposit, he did not think that any writer had fallen upon its true nature. Dr. Bennett had probably come nearer to it than any other writer, and he seems disposed to conjecture that there was a change produced in the cells of the liver after the absorption of fat; that it was a latter stage of the fatty degeneration: that in truth the oily matter had been taken up and the fatty cells left. Dr. C. did not regard this as a fair explanation. It seemed to him that by the enlargement of this liver, producing the hardness observed in it, a new production of a peculiar nature resulted. He thought these cells were not deposited like ordinary cells in the tubes, but that they were diffused, obeying no particular rule. To enforce this statement he introduced a portion of the mesentery for the purpose of exhibiting the glands. These were swollen, many of them of the size of a bead, were easily turned out from their beds; they were not remarkably hard, having no appearance of any heterologous deposit like tubercles, but still they were enlarged and pale. He found exactly the same material in great abundance that was observed in the liver; the cells were not found in the tubes, but in the fibrous tissue. The stroma of the glands running between the tubes seemed to be infiltrated with these cells. In order to ascertain if possible the nature of this deposit, whether it was a peculiar form of fatty degeneration or some new undescribed form, or whether the reaction of chemical agents would be the same upon animal tissue, he treated sections of the part containing the cells with rectified sulphuric ether, in expectation, if it was fatty, that it would be dissolved. No change whatever was produced. He then employed boiling ether, but still no change was effected. They were next treated with strong acetic acid; this seemed to render the cells more transparent, but they remained entirely unchanged in form. This maceration was continued for an hour, and to be sure that the experiment was well performed, he placed a quantity between two plates of glass, but observed no change in their form, though the tissues about them were much more transparent, the fibres being then less distinctly visible than before. He then macerated them with boiling alcohol, which produced no change, though it reduced the sections to the consistence of spermaceti. Finally they were treated with nitric acid of various strength, and it was observed that when the acid was sufficiently strong to dissolve animal fibre, they did change, but when it was of less strength, they did not. This proved that they were animal in structure, and of a peculiar and undescribed form. In regard to their distribution, he said that they were so evidently distributed outside of the tubes and in the midst of the fibres in the glands, that the opinion which he had formed from the examination of the liver alone was probably a correct one.

Adherent Pericardium.—Prof. Clark exhibited a heart with the pericardial inflammation. The effusion of lymph was seen on both surfaces. There were two points of interest in the case; one, that it was associated with Bright's kidney, and meningitis, the last disease, being apparently the fatal one. The second point was that, while attempting to catch the friction sound, he observed that at the height of an inspiration he could hear the second friction sound, while in the other portions of the respiratory act he could not hear it at all. He then directed the patient to take a full inspiration and hold it while he listened, when the increased distinction was so marked that no one could fail to recognize it almost instantly. The second sound was clearly developed by the procedure, while it was scarcely recognized in ordinary respiration. It occurred to him that this might be accounted for by the fact that the air, when we hold it in our lungs, is placed under considerable pressure, particularly when the lungs are partly filled, and, as a consequence of that, there would be a closer apposition of the pericardial surfaces than under circumstances of free respiration. He had had two opportunities, since this case occurred, of verifying this observation. In one it was perfectly clear, and in the other entirely absent. One was connected with a considerable amount of serous effusion, so much as to make the somewhat pear-shaped tumor which is frequently observed. This man did not give the peculiar sound at all; it could not be perceived at any period of the disease that these particular sounds could be heard any more distinctly in one portion of the respiratory act than another. But in a child suffering from pericarditis, he noticed that when it took a full inspiration the friction sounds did not seem to be very much heightened, but when it took a half breath they were heightened.

Prof. Swett remarked that he had never seen an allusion to this method of obtaining the second friction sound, but he had very recently had a case in which these sounds came out clearly just at the end of an inspiration, but were not distinguishable at other times; he had not, however, made it the subject of reflection. *April 13th*, 1853.

Chagres Fever complicated with Pneumonia and Bright's Disease.—The patient, a man, was received into Bellevue Hospital, suffering from Chagres fever. At the time of his admission it was not known that there was any complication. He was in the hospital about two weeks. Two days before his death, it was observed that his respiration was difficult, and that he was becoming stupid. The house-physician discovered, on examination just before death, that he had pneumonia, and that his legs and hands were swollen. His urine was tested, and an appreciable quantity of albumen was found, so that he had Chagres fever, pneumonia, and what is called Bright's disease. On post mortem examination, two days after these facts were noticed, it was found that the left lung had undergone a very marked change, but the appearances were so little like ordinary pneumonia, that the house-physician concluded that his diagnosis was not correct. The lung was not crepitant in the least, though it was soft and flabby; about two-thirds of the lung was in the condition described by Cruveilhier, as carnification. It was evidently the result of pneumonia, but probably the exsanguinated state of the patient interfered with the full development of hepatization. There was a small amount of fluid in the pleural cavities, which was probably effused during the last hours of life. The liver had the bronze color that is so common, but it could be bent about and rolled into a mass. If it hung over the edge of the table, it would hug the side like a wet rag; it was a little under size, weighing three pounds and three ounces. The heart had undergone very much the same kind of softening as the liver, and was of a yellow hue; it bore a striking resemblance to hearts which have undergone fatty degeneration of the muscular tissue. The spleen run away from the hand like water; half of it was absolutely fluid, while the remainder was so soft, that it could be broken down into a pultaceous mass. The softening was much more marked than it is ever seen to be in typhus fever. Another remarkable point, was the condition of the kidneys; they were very small, of a dark hue, and together weighed seven ounces. The first kidney opened, gave exit, without pressure, to pultaceous matter resembling that which escapes from the spleen in bad cases of typhus; the color of the cut surface, was brown mingled with gray, and in the latter were observed the granulations of Bright's kidney. The other kidney was not at that time opened, but on pressing it, the fingers would nearly meet from the opposite surfaces; the capsule contained gas of some kind, which must have resulted from decomposition, as it could not be forced out. The autopsy was made 36 hours after death, and it could hardly be supposed that at this season of the year, would have commenced so early. The structure of this kidney was the same as the other, except that the degree of decomposition was somewhat less; the tubular portion was much less diseased than the cortical, and retained a good deal of its natural appearance. On examination with the microscope, the tubes were all found to be very granular, though there was no fat in them. It was not fatty degeneration then. The tubes were filled with granular matter, and there was not a single secreting cell in the whole of this pultaceous mass. Every cell had lost its nucleus, and the old cells seemed to have been changed or discharged by the bladder, and new cells, in the debilitated state of the system, could not be produced. The cells were not round, but elongated in both the tubular and cortical portions, and were filled with a new and distinct form of cell lining. There was no pus, or fibro-plastic cells in the tissue. *April* 27, 1853.

Apoplexy.—Thomas Connell, aged 48, native of Ireland, laborer, was admitted to Bellevue Hospital, on the 17th of Oct., 1853. As nearly as could be ascertained, the patient must have been drinking very freely for some weeks previously, but his health seemed to have been good up to the week before his admission to the Hospital. Neither he or his friends could give an intelligent account of the commencement of his sickness. On admission he was delirious, and walked with an unsteady gait, having much the appearance of a man intoxicated, but on examination he was found not to be in that state. Soon after being put to bed he became quiet, the pupils were contracted, pulse slow, small, and compressible, numbering 50 per minute. The skin was rather cool; he coughed a good deal, and a physical examination proved the existence of general bronchitis. The breathing soon became stertorous and he could not be roused. He was ordered half an ounce of brandy and a stimulating expectorant. Oct. 18th, the pulse had risen to 65, and was full and strong; the pupils were still contracted and insensible to light; tongue brown and dry. He ate moderately, and when asked how he felt, replied, "very well," but was still unable to give any account of himself. His bowels had not been moved since his admission. The brandy was discontinued, and an ounce of castor oil given; three grains of quinine were also ordered. He continued in this condition until the afternoon of the next day, when he again became apparently comatose, the pulse falling to 40 beats per minute, and the breathing becoming loud and stertorous. On the 20th, his condition was much the same, but during the night it was again found necessary to give him brandy, the pulse having become scarcely perceptible. This alteration of symptoms continued, unimproved by tonics and stimulants, and he sunk rapidly and died on the night of the 21st.

Autopsy, 13 *hours after death.*—The dura mater was found much darkened by congestion of its blood vessels; between that membrane and the arachnoid, over the summit of the cerebrum on each side, there were two and a half ounces of uncoagulated blood enclosed in a patch of false membrane. The upper surface of the brain was much flattened by compression; the lungs and heart were healthy; the kidneys were congested but otherwise natural; the other viscera healthy.

Dr. Clark considered the occurrence of coma with stertor so markedly intermittent, as to lead to its being attributed to the congestion of intermittent fever, and for which quinine was administered, as one interesting fact in the case; and the effusion of blood which did not coagulate, and which may have been effused a week before admission, another. The effusion seemed to have been into the cavity of the arachnoid, immediately underneath the dura mater, and to have formed for itself an investing membrane. On close examination of the dura mater, he could separate a layer which he believed to be the arachnoid; if this be the case, then the whole dura mater covering the effusion, is lined by the arachnoid, and it is impossible to account for the membrane which encloses the unaltered blood, lying unattached to the cerebral arachnoid, unless we consider it false membrane, and yet the tissues investing blood would scarcely appear to have been formed in 6 days. The limiting membrane was useful in preventing the farther extravasation of blood, and favoring subsequent absorption. He could scarcely suppose that the arachnoid could be separated into layers, one of which should embrace the cyst.

Hypertrophied Heart.—This specimen weighed 32 ounces; the chief enlargement was in the left ventricle, caused by disease of the aortic valves, two of which were so thickened and attached to the aorta as to admit of regurgitation. The patient was examined in the last stages of the disease, when diagnosis of the valvular lesion had become, as is usual, very difficult. Dr. C. remarked that he had been making some investigations to determine the mode of development in the case of hypertrophy of the heart. He had taken a healthy heart, weighing 9 ounces, and compared 50 of its fibres with 50 from this hypertrophied heart weighing 32 ounces. If there had been an increased development of fibre, those of the hypertrophied heart should measure under the microscope three times as much as those of the normal heart, whereas they did not differ very materially in size. The conclusion would be, therefore, that the growth of muscle demands the development of new fibre.

Encephaloid Disease in a Child.—The child was fifteen months old, and had been affected some four months with marked symptoms of tabes, but had suffered from general ill-health for a much longer period. The tumor became evident to the touch within the last three months. The mass occupied the whole of the abdominal cavity, and pressed up the liver, and with it the diapraghm, thus encroaching greatly upon the cavity of the thorax, and extended downward into the pelvic cavity, and was prolonged on the left side through the abdominal ring. On opening the abdomen two very large tumors were discovered, one fluctuating, and the other persistent. From the fluctuating mass flowed a wash-hand basin full of contents of a semi-solid consistence, similar to softened brain, and some of a more fluid glaring character. The mass appeared to be enclosed in the layers of the mesentery, though it involved other abdominal organs; the left kidney is affected, but the right is not; the liver is not involved, though there is a nodule near its free edge, which, from its color and other characters, is probably tubercular. Regarding only the many distinct tumors, enlarged mesenteric glands, and the miasmatic condition of the child, we might be led to consider this a very ordinary affection; but when we notice that the left kindey is involved, the immense size of the mass, its implicating many structures, and its rapid growth,—a different conclusion as to the primary origin of this disease may be arrived at. He was disposed to believe that it originated either in the mesentary or left

A NATIONAL MEDICAL SCHOOL. The University Medical School in New York City refused to admit the delegates appointed by the State Medical Society, on the ground that theirs was not a State but a *National* institution. This assumption of mock dignity is pretty conclusive evidence that "there is something rotten in Denmark," and that the charges of rascality, inefficiency, &c., of which we have heard, are too true. Another evidence is their neglecting to publish a catalogue of students and graduates, but we suppose they consider this also as beneath the dignity of THE *National School.*

PROSECUTION FOR MAL-PRACTICE. We have on several occasions called attention to the frequency of prosecutions of physicians for alleged mal-practice, and in a late number expressed our thanks that Prof. CROSBY had successfully opposed an attempt to rob him in this way. Since then three important trials of cases of this character have taken place; one in Massachusetts and two in this State.

Dr. BARTLETT, of Somerville, was prosecuted for mal-practice in treating the fractured clavicle of a miss of 8 years; but defended his rights with spirit, scorning to compromise; and although his defence must have cost him a large sum, he has maintained his character and done the profession a kindness, inasmuch as the plaintiff has failed to inflict even a nominal penalty on him.

The case of Dr. SARGENT, of Rochester, is familiar to many of our readers. Dr. S. was prosecuted for allowing anchylosis to take place in a case of compound dislocation of the ankle joint, with fracture of fibula and comminution of the tibia.

We extract from a report of the case by Dr. Pray, of Dover, published in the Boston Med. and Surg. Journal, some of the most important facts in the case:

"The case is Leighton *vs.* Dr. Sargeant. The plaintiff, while riding in an open wagon in the town of Strafford, was violently thrown out of his carriage, to some distance, and was severely injured. The right ankle-joint was dislocated, and a comminution of the tibia, with a fracture of the fibula, occurred. The injury is termed a compound dislocation of the ankle-joint, always a very grave injury, involving oftentimes the life of the injured. This took place on the 1st of September, 1850. As there was no physician then in Strafford, Drs. Grover and Sargent of Barnstead were applied to. They came dressed the ankle joint, and both had the supervision of the patient for somethree or four weeks. After this, the care of the patient devolved upon Dr. Sargent, for the space of one hundred and thirty-two days, in which time Dr. S. made sixty-two visits, living at a distance of some six miles. There can be no doubt that the injury was extremely severe, as all such injuries are. There was, of course, great constitutional derangement and a large tax upon the vital system, requiring all the power of nature to bear it up against the almost fatal consequences arising from compound dislocations of this character. Such, indeed, was the fact, as appears from the evidence in the case. The patient had feverish excitement, attended with cough, and had to resort to stimulation to withstand the prostrating effects of disease.

"The ankle joint was a long time in healing. For more than two years at times some portions of the joint would inflame and suppurate, and spiculæ, of bone issue from these ulcerations. Within a year the ankle had become healed, but stiff. The heel of the foot is raised some three inches, and the toes consequently drop; so that the plaintiff can walk with the aid of a cane. There has been a visible improvement in the external appearance of the foot. Absorption has taken place, muscular action improved, and more motion in the joint observed.

"For the prosecution only two physicians were summoned, viz.: Drs. Perry, of Exeter, and Hill, of Dover. From the evidence of Dr. Perry we shall make a few extracts. He states, that 'he believes he has had all kinds of dislocations of the ankle-joint (of which there are four,) and that he has been successful in the treatment of all of them; that the natural position of the foot at rest is at right angles with the leg; that passive motion should be made in dislocations of the ankle-joint as early as the third week, to prevent the joint becoming stiff; that there was no difficulty in fixing the foot in any position desired, and maintaining it there if it could have been fastened to the foot-pieces of one of the boxes; that there was anchylosis of the joint, but he could not tell whether bony or ligamentous anchylosis."

"The injury," he said, "was a very severe one, and the breaking into the joint (as in the case of the plaintiff) makes the bad about it." He knew of no reason why the foot could not be kept at right angles, and he never saw an instance where it could not be maintained in that position. "Most of the cases where the fracture is in the ankle-joint, are of doubtful cure. The wound in this case was healed up perfectly well—the only trouble was in not keeping the foot in the right position."

The defendant, in the maintenance of his case, proved that the right position of the foot was below a right angle, and the toes should drop about 1 inch, if complete anchylosis should obtain, with free motion in the knee-joint; that the defendant did make efferts to elevate the foot to nearly right angles, and when he left the treatment of the patient, the toes were less pointed than at the present time; that continued ulceration and suppuration about the joint would tend, from the powerful action of the gastrocnemii muscles, to contract the heel and consequently point the toes.

About twenty witnesses testified that they saw a book three fourths of an inch thick frequently behind the foot board, which would bring the foot nearly at right angles with the leg. The plaintiff, however, endeavored to prove that when the book was behind the foot-board, it must have been as late as November, 1850, instead of September or October, as the defence allege.

The defendant on the first trial had Drs. Samuel Parkman and H. J. Bigelow, of Boston, as witnesses: and on the last, Dr. Bigelow alone; with Drs. Martin, Low, Thomson, and Bickford, of Dover; Dr. Farrington, jr., of Rochester; and Dr. Knight, of Franklin. We propose to give pretty fully the testimony of Dr. Bigelow, leaving out that which is not important to the case.

His testimony is as follows:—"Compound dislocations are very severe injuries, so that amputation is necessary in some instances; in others, surgeons attempt to save the limb, which often results in death. The best treatment cannot make a good limb. It often becomes stiff, and there is great difficulty in keeping the foot at right angles, when there is great pain and inflammation. If the knee is limber, the proper position of the foot in anchylosis is below a right angle. The toes should drop a little.

"In cases such as supposed (viz., when there is a compound dislocation of the ankle-joint, together with the comminution of the tibia, &c.,) a result, such as the plaintiff's foot now shows, might most certainly occur under the best surgical treatment. I have had cases under my own care, where the result was as bad as this—from such injuries as I suppose this to have been, a compound fracture and dislocation, or even from a simple dislocation or fracture above the ankle-joint. Not unfrequently as bad a result as this attends the best treatment. I had a case of simple fracture of the leg last winter, where there was a great lateral distortion, as bad as the plaintiff's. I never had a case where the toes pointed exactly like these. I have seen cases as bad or worse.

"I think there is a little motion in the ankle-joint of the plaintiff. There is stiffness there, but it does not indicate bony anchylosis. I have doubts about there being anchylosis there. The foot, unrestrained, while inflammation and ulceration were at work around the joint, would be likely to get worse. The weight of the foot and the large muscles of the leg would draw up the heel.

"I have had two cases like the plaintiff's, during the last winter, in the Massachusetts Hospital. In the first one the tibia was broken, the malleolus fractured into the joint, and the integuments ruptured, so as to make it a compound dislocation. In this case the ankle was pretty stiff when the patient left the Hospital. The other was an Irish woman. The internal malleolus was broken off. I cannot tell about the result of the case, whether stiff or not. In each of these cases the foot was put into the position I always attempt to get it, viz., as near a right angle as possible, if the pain and inflammation will permit.

"The proper treatment of a compound dislocation of the ankle-joint is, to examine the foot with reference to the injury; to see if any pieces of bone are loose, and try and extricate them; then place the foot in a proper position, and put it into a box or splint. Keep it so until pain or suppuration occur, then change it as circumstances require. Worry along with it. Do the best you can. Keep it still, if possible, provided it is right as to position. One tendency of the foot is to fall down. Keep it up, if you can, but sometimes the pain will be so great that you will have to let it down. After all one can do, the surgeon is glad to get off with any foot that will do to walk on. If you put the foot in the best position to-day, to-morrow it will get out of its proper position. You cannot fasten the foot, so that the patient will not draw the heel back from the foot-board, to ease the pain. If you place ten limbs in a common fracture-box, by the third day not one of them would be in place, because the bandages will slip and stretch.

"I could not denominate it improper treatment to fasten a foot to the foot-board of the first box (when it falls some three inches from a right angle,) because the position is so comparatively a small and minor point. The stiff joint is something of three months hence. I should put the foot up; but if the inflammation were great, I should expect it to get out of its position in spite of me. It would not be proper treatment to place the foot at the angle of the first box for eight or ten weeks without making an attempt to elevate it. The position is a small matter in any case of compound dislocation of the ankle-joint, because the great question is to save the foot at all—to get such a joint as can bear the weight of a person in walking—*to make the ankle sound.*

"The efforts to save the joint are mostly those of nature. A surgeon may do much injury by interference. It is perfectly uncertain at what time passive motion may be used—not until the wound is healed up and the parts all sound. Joints are almost all in a state of anchylosis when they come out of the fracture-box, and all passive motion before would be injurious, especially when inflammation exists. Perhaps six months would be required in some instances, before motion could be resorted to.

"If a cough afflicts the patient, and there is constitutional irritability and pain, it would be impossible to elevate the foot. It cannot be done."

The testimony of the other surgeons in this trial coincided with that of Dr. Bigelow in almost every particular, and it would be useless to publish it.

Judge Minot, the presiding justice, gave the law in this case as follows:

1st. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by his profession generally.

2d. He engages to exercise that skill, with reasonable care and diligence.

3. He engages to exercise his best judgment, but is not responsible for a mistake of judgment. Beyond this, the defendant is not responsible. The patient himself must be responsible for all else. If he desires the highest degree of skill and care, he must secure it himself.

5. It is a rule of law that a medical practitioner never insures the result.

We have said before, that this case has been twice tried. The first time Dr. Sargent was fined $1500 and costs; the second, a smaller sum, about $525 and the cost of both trials, giving merely nominal damages to the plaintiff.

Among the legal gentlemen at the Strafford bar, it was generally thought, before the jury retired to the jury-room, that the defendant would not be fined. We think that there are very few medical men, who, on hearing the evidence upon both sides, would say upon their oaths that this was a case of mal-practice. Prejudice against medical men, and sympathy with the unfortunate, often do much to determine men to a course of action altogether wrong in fact and principle.

The case was set aside on the former trial by the Supreme Court, and is again transferred to that tribunal, under exceptions in some respects entirely new."

We have long since ceased to be surprised at any outrage upon right and justice; for the so called *progressive*, *philanthropic*, and *reformatory* spirit of the age is sure to find vent in villainously transgressing the rights of individuals; and whenever the medical profession is concerned, there is no so popular cry as, "*crucify him.*" But if we were not past the possibility of surprise, we should be so, that a jury, after such evidence as is here adduced, and after such a charge as that of Judge MINOT, should gravely bring in a verdict of damages.

We have never known a clearer or more intelligent exposition of the liability of medical men than the charge of Judge M.; but how, if a physician "is not responsible for a mistake of judgment," and "it is a rule of law that a medical practitioner never insures the result," any jury of common sense can assess damages in this case, is among the incomprehensible events of life.

If this case is not set aside by the Superior Court, we shall have less confidence in New-Hampshire laws than heretofore.

We have but a word to say of those surgeons who go into court and talk large of their success in treating "just such cases." While we will not accuse any of willfully misrepresenting their success, we will say that it is our honest opinion that an opportunity to appear as defendant in one such case, (which most of us escape more from extra professional influences than from our boasted success in practice,) would do more to change our temper towards our less favored brethren, than years of success and prosperity.

The third case is that of Rufus Pike, of Hebron, *vs.* S. H. Melcher, M. D. We copy the following account of the case from the Belknap Gazette:

> "It was a suit brought some two years since for malpractice, and damages laid in the sum of *three thousand dollars.* The parties were Rufus Pike, of Hebron, *vs.* Dr. Samuel H. Melcher, of Groton. It was afterward referred to a board of referees, consisting of William P. Weeks, of Canaan, Judges Churchill, of Lyme, and Fowler, of Bristol. Able counsel was employed on both sides; for plaintiff, Josiah Quincy, and A. F. Pike, Esq's, and for defendant, James Bell and J. E. Sargent, Esq's. The facts in the case, as proved on trial, are these: Mr. Pike was thrown from his sleigh in the spring of 1852, severely injuring his shoulder. Dr. Melcher was sent for, and found him suffering great pain in the region of the shoulder joint, and decided it to be a fracture of the socket, with a partial dislocation, and treated it as such. For five or six weeks the patient was doing well and was having the use of his arm; but, from either too much use, or carelessness, the fractured parts, not being sufficiently firm, gave way. Sometime after this he called on Dr's Long and Burns, of Plymouth, and Eaton, of Bristol, who examined it and pronounced it a *case of dislocation in the axilla,* or armpit, *which had never been put in place;* thereupon Mr. Pike commenced the suit. The testimony of Dr's Long, Burns and Eaton, on the trial, was to that effect, although they acknowledged *that they did not examine the case very minutely,* and had *never known* or *seen* a case of *fracture* of the *glenoid cavity,* but shall persist in their former opinion.
>
> "The defendant met this charge by the testimony of Dr's Henry G. Clark, of Boston, Smalley, of Lyme, and Kelley, of Franklin, who had, previous to testifying, requested the privilege of making an examination of the injury. Dr. Clark then took the stand, and stated the injury to be a fracture of the glenoid cavity or socket, with a displacement of the "*Humerus,*" and *not a dislocation,* as it *was not in the axilla;* fully sustaining the defendant in his opinions of the injury and treatment of it at the time of the accident. His testimony was so clear and convincing, which was also confirmed by Dr's Smalley and Kelley, that it was a complete refutation of the testimony of the plaintiff's witness, and effectually demolished their whole foundation; whereupon the plaintiff proposed at once *to abandon the suit.*"

We pity those doctors who "*did not* examine the case very minutely," but yet expressed an opinion which has caused a young and meritorious surgeon (who *did* examine minutely, and treated correctly,) much trouble.

But Dr. Melcher will be amply repaid for all the trouble, expense and vexation to which he has been subjected, in the increased confidence of the blic, who, although slow to acknowledge modest merit, cannot fail to eciate the superior skill of Dr. M. over his competitors.

MEDICAL EXAMINATION AT DARTMOUTH COLLEGE. We have received at the last moment, a short account of the late examination for degrees at Hanover.

There was a decided increase in the number of students in attendance on this course of lectures, which, at the present time, when there is a general falling off in the classes of almost all other schools, is a very gratifying fact.

The Medical Faculty at this school is now one of the strongest in the country, and we feel that while many of the country schools are dying out, this will not only hold its own, but have larger classes than heretofore.

The following gentlemen received the degree of M. D.: GATES B. BULLARD, *Irasburg, Vt.;* ISAAC S. FRENCH, *Loudon Ridge, N. H.;* TRUE M. GOULD, *Newton, N. H.;* JOHN H. GROUARD, *Great Falls, N. H.;* WM. H. HURD, *Lempster, N. H.;* STEPHEN KITTREDGE, *Milo, Me.;* WM. J. SAWIN, *Northfield, Vt.;* GEO. W. SCOTT, *Greensboro', Vt.*

One of the delegates from the State Medical Society says of these graduates: "They manifested at their examination the most convincing evidence of thorough and systematic instruction in the various departments of medical science."

The following we have taken the liberty to copy from a private letter from one of the faculty: "A very good class has been in attendance on the lectures; they have almost, without exception, been studious, attentive and gentlemanly. It is pleasant to notice, year after year, the improved character of the young men who are entering the medical profession. The number of college graduates is much increased; and those who have not enjoyed these advantages are found to have minds much matured by the discipline and training acquired as successful teachers. They go to the lectures to learn; and their studious habits and persevering labor brings to the school a public opinion alike delightful to the teachers and profitable to the hearers. The last class has been larger than for some years, though the number of graduates is small.

"It must be said, in justice to their receiving their degrees, that they have very satisfactorily passed the ordeal of examination, and certainly bid fair to make useful and reliable men in the profession."

FRUITS AND FARINACEA: THE PROPER FOOD OF MAN. Messrs. FOWLERS & WELLS, *No.* 308, *Broadway, N. Y.*, have issued a work of 314 pp., bearing the above title, written by one John Smith, and edited by R. T. Trall, M. D., an employee of the Messrs. Fowlers & Wells.

We find it an admirable digest of nearly all which has been written on the subject of a vegetable diet, and as such can cheerfully recommend it to those who are in search of that sort of literature; adding, that it is our opinion that all this talk about eschewing meat as an article of diet, by healthy persons, is entirely gratuitous and unfounded, upon any true basis. This opinion is the result of much careful attention to the subject; and we shall continue to order our convalescent patients "beef-steaks and brandy," till we are convinced of our error. We don't consider the book at all improved by Dr. Trall's labors, whose object seems to be to promote the sale of other publications of "the same sort." Thus the last of Dr. Trall's thirty-three notes is as follows: "[Note 33. To those who desire formularies for cooking *physiologically* on the vegetarian system, I would recommend the Hydropathic Cook-Book, published by Fowlers & Wells. T.]" He has illustrated it by pictures of all sorts, including sixteen figures of animals; several of different races of men; skulls and stomachs of men and animals.

TRANSACTIONS OF THE NATIONAL MEDICAL ASSOCIATION. We have received the seventh volume of the transactions, and although less brilliantly illustrated with what our witty brother of the "scalpel" calls "pomological specimens" than the last, we are inclined to regard it as not a whit less valuable; and we presume some of our brethren who have not a taste for brilliant lithography will give it the preference.

It is a volume of 688 pages, handsomely bound in cloth, and beautifully printed, by Baker, Godwin & Co., New-York. It contains the "Minutes of the Seventh Annual Meeting of the American Medical Association;" Address of USHUR PARSONS, M. D., Vice-President; Report of the Committee on Medical Education, by J. S. CABELL, M. D.; Report of Committee on the Epidemics of Kentucky and Tennessee, by Drs. SUTTON, HASKINS, LIPSCOND, and RAMSEY; an Essay on Erysipelas, by R. S. HOLMES, M. D.; Dr. PORCHER'S report "on the Medicinal and Foxicological Properties of the Cryptogamic Plants of the United States," which was made to the association two years since, but its publication deferred till now, that the author might make alterations or additions, and revise its publication. Report on the Epidemics of Ohio, Indiana, and Michigan, by GEO. MENDENHALL, M. D.; Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas, by E. D. FENNER, M. D. The Prize Essay of DAVID BRAINERD, M. D., on "A new Method of treating Ununited Fractures and certain Deformities of the Osseous System." An account of the railroad disaster at Norwalk, Conn., with biographical sketches of those members of the Association who lost their lives on that occasion. Dr. LINTON'S remarks on the identity of bilious and yellow fevers. Repor tsof officers, list of members, and a copious index.

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GEORGE H. HUBBARD, M. D., AND CHARLES BELL, M. D.

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NORMAL AND DISEASED RELATIONS OF SKIN AND MUCOUS MEMBRANE.

BY ALFRED HITCHCOCK, M. D., FITCHBURG, MASS.

In the following paper an attempt is made to show the anatomical identity of the skin and mucous membranes; and also to trace the Pathological analogy observed in these textures, and therefrom to deduce Therapeutical principles.

The subject naturally divides itself into the ANATOMY, PATHOLOGY and THERAPEUTICS.

I. *The Anatomy.* The skin is a very complex texture. Three principal layers form its structure—the Epidermis, the Papillæ, and the Cutis vera.

The Epidermic layer, which was formerly called an inorganic, concrete exudation from the cutis vera, is now proved by the microscope to consist of epithelial cells of a definite form and vital character. Next beneath is the layer of papillæ, which consist of minute conical or cylindric elevations, which are more prominent on the palms of the hands and soles of the feet than in other parts; these elevations are highly endowed with blood vessels and nerves, and are the medium of the sense of touch. Below this lies the cutis vera, a dense, tough, highly elastic structure composed of fasciculi of fibro-cellular tissue interwoven in all directions and forming by their interlacements numerous spaces or areolar. Besides these, anatomists speak of the rete-mucosum lying next below the epidermis, and giving color to the skin; this however, is proved by the microscope to consist of the last deposited layer of epithelial cells. Beneath the cutis vera also is found a layer of adipose tissue in which lodge the sudoriferous glands, whose open ducts penetrate all the layers and appear on the surface. These *sweat glands* are most numerous in the palms of the hands and soles of the feet and are demonstrated to number from four hundred to three thousand on a square inch on different parts of the body. The sebaceous glands secreting an unctuous semi-concrete fluid are very abundant in all parts of the body excepting the palms of the hands and soles of the feet. They are observed to be most numerous in the axilla and scalp and around those parts where the mucous and cutaneous membranes coalesce. The hair follicles penetrate all the layers of the skin, their origin being in the fatty tissue beneath the cutis vera. All the hair follicles, the sudoriferous and sebaceous gland ducts that have so many countless outlets on the skin, are all lined with epithelial cells or rather a thin reflection of the epidermis. The skin carries on the double function of excretion and absorption, and the importance of these functions to a healthy state of the animal economy can scarcely be too highly estimated.

The mucous membranes line all those passages by which internal parts communicate with the exterior, and by which either matters are eliminated *from* the body or foreign substances are taken *into* it. They are soft, moist, velvety and extremely vascular. The external or free surface is everywhere lined with one or more layers of epithelial cells rendering it quite like the epidermis. Beneath this lies a basement membrane of firm texture and somewhat corresponding in structure to the cutis vera—next is a stratum of vascular tissue with outgrowths and depressions in the form of papillæ and villi, some of which form glands. In different parts of various tracts of mucous membrane certain structural peculiarities are observed which adapt each part to its peculiar function. The numerous gland ducts which open on the mucous membranes are all lined with an epithelial membrane.

This is the general anatomical arrangement. In addition it should be stated that many of the different forms of epithelial cells have cillia or fine pellucid processes on their free extremities which are constantly in rapid vibratory motion. These cilliary processes have an important influence in the function of secretion and propulsion of fluids in the various membranes and ducts. In the pulmonary and uterine mucous membranes especially, the cilliary processes of the epithelial cells are very conspicuous and act an important part in the functions of these organs. The mucous membranes are everywhere abundantly supplied with glands—many of them quite corresponding to the sudoriferous and sebaceous glands of the skin in structure—and like them moistening and lubricating the surfaces on which they open. The specific function of the mucous glands is not quite so clearly understood as the corresponding glands on the skin. In the alimentary canal they unquestionably play an important part in the function of digestion. In the small intestines numerous villi exist which play an important part in the absorption of chyle.

The mucous membranes universally like the skin, perform the double function of absorbing and exhaling certain fluids—and this function is in addition to the various special functions performed by different sections or parts of each of these tissues. In this common function of absorption and exhalation they come under the domain of organic life—and in their common sensibility and impressibility to temperature and the physical properties of matter applied to their surfaces, they are alike related to animal life, and they consequently are both abundantly supplied with nervous influence from the sympathetic and cerebro-spinal systems.

The parallelism of function in these two membranes is very striking and consequently the sympathies between these two orders of tegumentary tissue is very strong and active. A little more fully it may be stated that from the skin carbonic acid and nitrogen are exhaled as they are from the mucous membranes, and both discharge vapor or sweat charged with salts and effete animal matter.

The sebaceous glands find a counterpart in the follicular glands of the mucous membranes. Gaseous and fluid matters find entrance into the general system through the skin with a slower but with as certain a process of absorption as they do through the mucous membranes. It is also proved that nearly every article of the materia medica which is absorbed from the surface of mucous membranes may also with great certainty find entrance through the skin by absorption, and thus exert their distinctive and specific effects on the various organs of the body.

II. *Pathology.* The anatomical identity and reciprocal influence of the skin and mucous membrane constitutes a most important consideration in the pathology of cutaneous diseases. Eruptive diseases of various kinds are often the result of crude and irritating ingesta and those which are acute are almost invariably preceded by derangement of the mucous membrane of the alimentary canal, and especially of the throat and stomach. On the other hand any extensive inflammation of the skin whether from a burn or a contagious exanthem is quite likely to be accompanied or followed by mucous irritation or inflammation. If the cutaneous inflammation is pustular or eliminates a morbid secretion the danger of the supervention of mucous disease is greatly increased.

It is found to be a physiological law of the cutaneous and mucous membranes that if either is physiologically excited the function of the other is proportionately diminished; and if either is pathologically excited the other takes on identically the same morbid action. In this connexion it may be stated, what was long ago demonstrated by Dr. James Johnson, editor of the London Medico-Chirurgical Review, that the healthy functions of the skin and liver are always *consentaneous*, and never vicarious. In other words when the state of the skin was genial and healthy and its function easily performed then the function of the liver was in a correspondingly healthy state, and *vice versa.*

In studying cutaneous diseases we find that many causes act directly on the skin—as climate and seasons, temperature, all poisons, friction, artificial heat, uncleanly habits, &c.,—and many of these casual eruptions are well known secondarily or sympathetically to be transmitted to the mucous membranes: in precisely the same way we find diseased action in these membranes from causes directly applied to their surface, producing sympathetically or secondarily cutaneous eruptions, as for example, *roseola*, *urticaria* and *strophulus* from noxious ingesta. Many cutaneous affections are hereditary and then the play of sympathy between these two membranes is very marked and the strife for the domicil of the disease is often quite eccentric.

Syphilitic eruptions, leprosy and cutaneous tubercles are remarkable forms of disease dependent on depravation of the blood and general constitutional deterioration, and are almost always strongly marked by corresponding morbid action in the mucous membranes.

Nearly all the exanthemata attack both the cutaneous and mucous membranes. Urticaria, Measles, Scarlatina and Variola are notable examples. In most of this class of diseases the cuticle desquamates, and the mucous membrane in the affected parts casts off its epithelium in like manner.

Erythema is also a disease quite as distinctly recognized on the mucous as the cutaneous surface. Genuine erysipelas in its full developement *is not* as distinctly visible on mucous membrane, for the reason that there is no tissue corresponding in character and quantity to the sub-cutaneous cellular tissue which is well known to be the favorite location of that disease.

Some of the bullæ have been observed on the mucous membranes as well as on the skin;—and diphtheritic inflammation has been shown to occur on the skin as well as the mucous membrane. Membraneous croup and membraneous dysentery are the two most notable examples of this disease, and both have been shown to be in some degree contagious. It is also asserted by some Pathologists that contagious or hospital gangrene throws out a diphtheritic membrane identical in character to those of the two contagious diseases just named. It has often been observed in fevers of bad type that the skin will throw out the same kind of false membrane especially if the surface has been abraded by a blister or other external irritant. This tendency has been thought in some degree to mark the virulence of the disease.

There is a form of diphtheritic inflammation of the mucous membrane which is frequently observed in this vicinity, especially towards the end of summer and in autumn. It is sometimes preceded by slight dysenteric symptoms, mild fever, and great vital prostration. The fæces and mouth are at first of a violet or scarlet red, soon becoming spotted and at length entirely covered with a white pultaceous exudation which sometimes exfoliates and is several times reproduced. There is feeble capillary action—with tendency to coldness of the parts most remote from the heart; and it is common to observe transient red spots on the face, neck, and sometimes the extremities—and in severe cases these spots are livid—and almost always there is a general exfoliation of cuticle as the patient recovers. Sometimes there is violent delirium but more frequently the cerebral functions only partake of the *general* torpor and prostration. Sometimes sweating occurs, but more commonly the skin is parched and dry. The pulse is usually soft and never so quick as in true typhoid fever—even though there is the same apparent degree of vital prostration.

This diphtheritic disease seems occasionally to be epidemic and contagious affecting whole families and neighborhoods; and the duration of the disease may be one week or one month, according to treatment or accidental influences. This disease is very often mistaken for "*follicular enterite*" or true typhoid fever. It is a very great error in Pathology to confound the two forms of disease and in a statistical point of view cannot but be very unfortunate to the cause of medical science. The two forms of disease undoubtedly are occasionally combined in the same individual and yet it seems very important that their distinctive pathology should be duly estimated.

This diphtheritic disease is here alluded to in order to call attention to its *cutaneo-mucous pathology*—and not to give a detailed account of its history and character—that being of itself well worthy of a distinct and lengthy paper. The eruptions and gangrenous patches of the skin in *typhoid* and *typhus* fevers are well known to be clearly assimilated to the follicular eruptions and scarlet and gangrenous patches that occur in the course of the intestinal canal in those diseases.

Psoriasis of the mucous membranes, exactly like the same disease on the skin, has been abundantly shown to exist in some large institutions where microscopic investigations have been adopted as a means of diagnosis. The eye alone can discover it at the outlets of mucous canals—and the shreds which escape from the bowels exhibit precisely the same microscopic appearance as the cutaneous elimination. These subjects invariably show loss of nutrition, are pale and nervous, and present many anomalous symptoms. There is great debility but they are not usually benefitted by tonics. It is highly probable that other varieties of squamous disease may likewise be proved to exist on the mucous membranes. These several forms of cutaneous disease already enumerated and proved to exist on the mucous membranes are sufficient to establish a general pathological law;—and analogy would lead us to infer that many other, if not all the different varieties of eruptive diseases have the same tendency to development more or less perfect in the mucous membranes. Many Pathologists are of opinion that nearly all cutaneous diseases are more or less contagious—and that they are strictly Parasitic—having an independent animalcular or cell vitality—and finding an appropriate *nidus* in the skin and mucous membranes—and possessing a power of existence and reproduction limited only by exhausting their proper *pabulum*. Variola, Varicella and Rubeola soon exhaust the pabulum and cease spontaneously rendering the patient invulnerable to another attack, or in other words leaving the soil unfitted for another crop.

Some cutaneous diseases seem never to exhaust the soil and with age become more tenacious of their domicil and consequently require the application of a poison to destroy their vitality—hence the use of Mercury, Arsenic, Sulphur, Tar, Iodine and Antimony with success in many forms of cutaneous disease.

III. *The Therapeutics.* On this subject, usually so prolific of good advice and complicated prescriptions a few general principles only, will be briefly alluded to.

It will be well for the practitioner to enquire

1st. Is the disease dependent on some cause that will cease spontaneously, or that can very easily be avoided?

2d. Is the disease of specific origin and self-limited, and will it result in a natural cure?

3d. Is the disease contagious, with unlimited tendency to increase and consequently requiring the local application of a poison for its removal?

4th. Is the disease hereditary or vicarious and would it be safe to suppress it?

5th. Is a due estimate placed on the danger of increasing the same morbid action in the mucous membrane by the internal use of drugs for curing the cutaneous disease?

6th. Is the remedy safe and will it best promote the permanent welfare of the patient?

The general principles implied in a correct answer to the foregoing queries are quite sufficient to guide the physician to a safe and judicious practice in the treatment of cutaneous diseases.

The important Pathological law stated in a former part of this paper, viz: That in a state of physiological excitement or increased natural function of the skin or mucous membrane the other is correspondingly diminished in function—Whereas, *when either is pathologically excited* the *other is sure to take on the same kind of morbid action.* This principle is fundamental and should never be lost sight of in prescribing for cutaneous diseases. This principle, rightly understood, would not diminish confidence in the use of medicines, but would lead to a more careful investigation of the Pathology of cutaneo-mucous diseases, and consequently to a more judicious, safe and successful application of remedies.

(For the New Hampshire Journal of Medicine.)

"DR. HUNTON'S YOKE SPLINT."

On the 18th of Nov, 1830, I caused to be made a splint, somewhat in the form of the sap-yoke used by the makers of maple sugar, which I applied to Henry Allard of Johnson, Vt., who had fractured the cervix scapulæ; I have had two made since for fractured clavicle.

Some two years after inventing the above splint, my son, Sylvanus Hunton, then a student at the Vermont Medical College at Woodstock, described my splint to Dr. WILLARD PARKER, who had one made which he presented to his class with his approbation.

In December, 1851, I first published the following description of the splint in the "New Jersey Medical Reporter;"

"A DESCRIPTION OF DR. HUNTON'S YOKE SPLINT, BY ARIEL HUNTON, M. D. I propose to give you a description of my yoke splint, which I think will be acceptable to the Faculty. Twenty-one years ago last November, eighth day, at eve, I was called to a Mr. Allard, in the town of Johnson, and was informed that he had dislocated his arm at the shoulder. I looked at the patient, and saw the usual depression in dislocations of the part. I placed my fingers on the deltoid muscle, and perceived the soft yielding usual in such cases, but did not examine thoroughly, as I ought in any similar case; but pronounced it a dislocation and prepared to reduce it. When I raised the arm I felt and heard a crepitus, which corrected my diagnosis. In order to avoid exposing my carelessness, I did not enlighten my assistants, but called for rags and bandage, made a pallet of the rags for the axilla and the figure-of-eight bandage, and dressed it (as I supposed,) *secundem artem*. I am thus minute, that all may see the propriety of thorough examination, before expressing an opinion.

I returned home in the evening, three miles, reflecting—this is not the best way to dress a fracture of the cervix scapula. After retiring to bed, I could not sleep, but pondered three hours by the clock, on the fracture I had lately done up, and thinking there is a better way. The thought at length came into my mind to use a splint resembling a sap-yoke; I ruminated until I became satisfied that *this* mode would be preferable to any other I had seen.

The next morning I visited my patient, procured a mechanic, and had him adjust a splint according to my direction. Have it made to sit easy on the shoulders, stuffed or lined with cotton batting, the length to jut a trifle beyond the shoulders, with a pin near the ends of the splint. Firstly, apply the splint to the shoulder, then put a double kerchief under the axilla of the sound arm, and tie it over the splint, the pin keeping it in place.

The next step is to tie another kerchief under the fractured arm, and bring the top of the shoulder in contact with the splint; place the arm in a sling, and confine it to the side, and the work is done and well done. There are no tight bandages, or unyielding, tight-fitted splints, to cause swelling or inflammation. Lotions or any other applications are seldom required.

This splint is as well adapted to fractures of the acromion process or clavicle, as for the cervix scapulæ. If either of the fractured ends of the clavicle protrude upwards, which is usually the case, lay on a compress, and cause by the splint, the pressure required. If extension is required to keep the clavicle in place, insert a small kerchief or a piece of webbing in the axilla, and tie it outside the pin, on the end of the splint, and make the extension which is necessary. I have used this splint twenty-one years with success, and satisfaction to myself, that it is the best apparatus for these fractures. Soon after making and applying my first splint, I sent a description of it to Professor PARKER, then connected with the Woodstock School of Medicine. He procured one, presented it to his class and recommended it as the best apparatus for these fractures.

I wish it known as "Doctor Hunton's Yoke Splint."
Hyde Park, Lamoille co., Vt., Dec. 1851."

In July, 1854, a gentleman called at my office and presented me two Yoke-Splints (a large and a small one) which he offered to sell me for fourteen dollars. I informed him I was the *inventor* of those splints, read to him the foregoing description from the "Reporter," and declined purchasing. They were patented by some individual in July, 1853.

On the 25th of October last I presented one of my splints to the Vermont Medical Society then in session at Montpelier, and requested an investigation of my claim as the original inventor.

A committee was appointed by the President, consisting of Drs. Clark and Spaulding, who reported as follows :—

"The following resolution was adopted by the Vermont Medical Society, Oct. 25, 1854 :"

"*Resolved,* That the Yoke-Splint, exhibited by DOCT. HUNTON for the treatment of fractures of the Clavicle, neck of the Scapulœ and Acromion Process, is an improvement in Surgery and that Dr. HUNTON is in our opinion the inventor of the same, and is entitled to the credit and benefit of the invention.

C. M. RUBLEE, *Secretary.*"

I take this method to inform the *Faculty* of the United States, that they are at full liberty to use my splint *at will,* requiring no other reward than their friendly wishes.

ARIEL HUNTON, A. M., M. D.

Hyde Park, 12th Nov., 1854.

N. B. It is hoped that those Medical Journals, which advocate fair play and disapprove the meanness of patenting the property of another, will call attention to the above. A. H.

(For the N. H. Journal of Medicine.)

A REMEDY FOR QUACKERY.

Death is the common lot of man. The Almighty Maker and Creator of the Universe has fixed the period of human existence, and every living man knows he must at last reach the fatal term of life. Yet the heart mourns to see youth languishing, beauty fading, and amendment not to be hoped for. When we see the cherished bud rent from the stem ere the flower has expanded—when the bright eye of childhood is quenched—when youthful hands, that should have decked the bridal bed, strew the grave—who does not feel come rushing over his soul a desire for means whose power will close the eye of anguish; that will not only palliate but cure; that will strengthen the silver cord of life and extend existence to the time decreed for its termination. This feeling touches the finest cords of the human heart. Yet, when thus moved, the uninformed embrace the most *inane humbug* with the same avidity that the man of science resorts to means dictated by the knowledge and experience of ages.

As we cannot see the mind at work; as the most profound thoughts of the philosopher, the finest conceptions of the poet, or the nicest distinctions and discriminations of the physician excite no part of the corporeal system of either, so far as our sense can perceive, it is not surprising that the illiterate in Medicine should listen to the unqualified and magnificent promises and extravagant expectations held out by dealers in the marvelous.

The science of medicine is no more to the masses than a mythical narrative and so it will ever remain until men learn to distinguish the difference between the learned and the unlearned, until they are convinced that without a knowledge of anatomy and physiology all reasoning on medical matters is mere hypothesis, and all conclusions liable to be false and imaginary. That to be able to determine the kind and nature of disease, to meet all indications, foretell the event or termination of the same, the physician must possess a knowledge of its phenomena and history which tells of the organs affected by it directly and indirectly and the changes of function and structure produced; and also, that they must possess a knowledge of the influence, effect and impression made on the living economy by extraneous agents, the essential nature of that action, and its results, the organs upon which they act, the medium through which their impressions are conveyed through the system, and the orde r of the phenomena which results from their operation; also the chemical nature of medicinal substances, their chemical affinity for each other, and their modifying action one upon the other when united, before he can properly decide as to the appropriateness of their application in disease in its various stages.

Such knowledge is universally acceded to be necessary to the successful practice of surgery. Every one admits the surgeon should possess a knowledge of the anatomical structure and relation of the part upon which he is to operate, and when the masses can have equally tangible ideas of the necessities of practical medicine as they have of surgery, then, and not till then, will they appreciate medical science.

The fallibilty of medicine and the utter want of positive assurance is a great cause of the fickleness of the masses; but a greater cause lies in the want of clear ideas and a capability on the part of a large portion of medical men to make plain, intelligent and conclusive explanations of disease, the required treatment and the results to be expected.

A patient must have the strongest confidence in his physician, gathered on previous occasions, who will quietly endure the sufferings of a painful malady, week after week without having his confidence shaken especially if no effort is made to cause him to understand the natnre of his disease and the obstacles to be overcome. For an illustration let us suppose a case of inflammation of a joint.

The symptoms are pain, heat, tenderness on pressure, swelling, &c. These symptoms are all that is known of the disease by the patient and friends; they have known others to have similar symptoms from which they have recovered in a few days, and having no data or rule to guide them to a conclusion they expect the same event in the case under consideration; though the deeper tissues of the joint are the seat of the inflammation. Now what is the duty of the physician in such a case?

First of all, make a correct diagnosis if possible, by procuring the entire history of the case; by marking the constitution and idiosyncrasy of the patient, the state of the general health, the age, habits, occupation, &c., as well as the present symptoms. When the history and symptoms are thus gathered up and presented to a mind well versed in all the diseases to which the joints are liable, a true diagnosis can be at once made out, and when this is accomplished the patient should be made to understand what is to be expected. This is not only necessary to secure the confidence of the patient but to make plain to the physician's own mind the indications of treatment.

By such thorough investigations the physician is able to decide in what tissue of the joint the disease had its origin, whether in the synovial muntrane, ligaments, articular cartileges, or cancellus structure of the bones, and whether modified by a scrofulous diathesis and what will be its event or termination.

When the physician, patient, and friends thus understand each other the subsequent history of the case can never mar their confidence.

I am well aware that to indulge in, or to recommend familiar conversation with patients, on the nature of their diseases I am subjecting myself to the censure of the wise heads of the profession, whose dignity forbids any revelation of the *profound* thoughts, weighty conclusions and sage deductions arrived at only when the nose rests upon the head of a gold-tipped cane; the deluded world being at the same time shut out by closing the eyes, the brain being condensed by corrogating the brows, and to make mystery more profound the lips are compressed giving a sort of senatorial pout.

I thank God these specimens of the *genus homo* are fast dying out, and the powdered wig, square-toed shoes and buckles, white cravats, &c., are fast giving place to plain common sense. The time is rapidly approaching when Doctors will not be estimated or measured by the number of grey hairs or size of the belly, but by the intellect; and the science of medicine is being relieved of the clouts and bandages with which our notable granddads swaddled and crippled the profession. I can well remember when a wise look, a mysterious shake of the head or a shrug of the shoulders caused despair to rest on the very heart, and the blanched cheek and pale lip told too plainly the power of mystery and superstition. As men grow wiser they enquire into the reason of these mysterious demonstrations; why this shake of the head; and they too often find from the explanation given that a more thorough shaking might be attended with good results by rousing them from the dullest stupidity.

We very often hear it remarked that the clerical and legal professions possess an advantage over the medical, by yielding better opportunities to display or exhibit talent and ability, when the opposite is in fact the truth. Let any one compare their different fields of labor and he will see that the physician's practice brings him in contact with more people in one year than either of the others in two years; and his opinions and judgment are more frequently brought to a test than those of any other business man on the face of the earth; and if he fails to make a favorable impression he has no one but himself to blame. The fundamental laws of his profession are as fixed and immutable as any law in the Universe of God, and his opinions when based on the science of medicine rest on as sure and solid a basis as any truth or fact in any science.

But when the physician withholds his knowledge of disease, and allows his patients and their friends to remain in the dark in regard to his views, they are left without any tangible means of judging of his ability and acquirements except the result of his treatment, which often does not appear until all confidence is lost in his skill, and he has the mortification of seeing his patient pass to other hands, where the benefit of his treatment will also be transferred. Physicians should never lose sight of the fact that they have to deal with rational beings, rational as far as they are informed, and that they are just as capable of comparing him with his brethren of the profession as of judging of the comparative merits of members of other professions.

It is quite wonderful to witness the degree of confidence many otherwise intelligent individuals, have in Quacks, until we learn their method of theorising to their patients. In the first place the Quack always names the disease and tells the cause of their ailments, ridiculous enough to be sure, but still satisfactory to the patient who is equally ignorant of the nature of disease. They then speak of the obstacles in the way of speedy recovery, such as humors in the blood, grubs in the stomach, spine in the back, a rebellious complaint of the liver, affliction of the melt, affection of the kidneys, tonsils in the throat, &c., and after spreading their multifarious remedies before the patient they talk of driving this and soothing that, purifying one and cleansing the other, until the patient is prepared te gulp down a dose every hour in the twenty-four, week in and week out.

Now, if such balderdash secures the confidence of patients what may not be expected from a plain statement of the true facts of the case, with representations and delineations of the actual condition of patients. When we consult a lawyer he asks for a history of our case; when this is obtained he informs of to what class it belongs, in what consists its strength, what is necessary to be made to appear, and quotes authority to substantiate his opinion; we leave him favorably impressed, and if the result of our case should be as he had prognosticated, his reputation with us, would be established and our influence secured. So it should be with the physician; he should never allow a patient to leave his office, or himself the bedside of his patient, until he has not only convinced him that he perfectly understands his case, but that he is "master of his business."

When I commenced writing you I did not dream of wandering where I have. I see by casting my eye over the above that it is *possible* I may weary you. I therefore close by wishing you a Happy New Year.

Respectfully yours,
G. W. GARLAND.

Lawrence, Mass., Jan. 1, 1855.

LECTURES ON FEVER. By WILLIAM STOKES, M. D.

LECTURE VI.

Before we enter on the examination of some of the leading facts relating to the local diseases of typhus, I wish to say a few words more on the subject of contagion.

You are to understand that, while we believe in the contagious nature of fever as an established fact, we do not go the length of saying that, all cases of fever originate by contagion. In the present state of knowledge, we must, I think, admit that certain combinations of physical circumstances may produce fever, either in a single case or in masses of men. It is hardly possible to gainsay this; but it is at least as well if not better proved, that this fever is capable of being communicated by actual contact, or by vicinity, from one individual to another.

If we look to other diseases which affect the whole economy, we find analogies between them and fever; so far at least, that in them a morbid condition exists which reveals itself in two ways; one, a state of general ill health; and the other, the production of local and specific alterations. Take, for example, tubercle and syphilis.

The last of these is, at all events, contagious; and though we cannot now show any mode of its production, except communication from one person to another, yet we must believe that, at one time, causes independent of such a mode of communication did exist, and were capable of originating the disease; and it may be, that as the world advances, and the general exciting causes of fever are diminished, or perhaps removed, this disease too, like syphilis, may only be produced and exist by means of its communication from one person to another; and we may hope that such a state of things would be a step to the extinction of fever, at least as a disease affecting communities of men. If it be true that we may admit two phases in the history of acute essential diseases, one in which they are not only communicable, but capable of original production by causes independent of contact with the sick, and the other when these latter causes cease to operate, and the disease is reduced simply to a special condition, which can only be communicated by contact, it is easy to perceive, that, so far as prevention and ultimate extinction are concerned, the difficulties attendant on the matter will be greatly diminished. Let us assume, that, so far as the cessation of the operation of general external causes is concerned, variola and syphilis are similarly circumstanced, and we may hope, from what has occurred with respect to small pox, that a similar diminution of fever may yet be attained, when it has at last passed into the condition of a merely contagious disease.

With respect to those causes which may be held to be capable of exciting fever, irrespective of contagion, I have only to say that as yet we know but little about them; and we have the highest authority for believing that the origin of epidemics is one of the most obscure and difficult subjects in the whole range of physical enquiry. But I cannot help expressing my belief that too much stress has been laid upon the effects of miasmata resulting from imperfect drainage, or the want of ventilation and of public cleanliness in general. No one will for a moment suppose that I wish to teach that these influences do not act in deteriorating the physical health and moral condition of a people, and in thus increasing the mortality of any existing epidemic, and that their removal is not an imperative duty of every government and community; but the question before us is, are these influences in this country the sole or the chief causes of typhus fever? I do not believe that they are, because in Ireland, not only in the isolated dwellings of the poor which are scattered over the face of the country, but in the towns also, all those causes which result from the imperfect drainage of dwellings, from the accumulation of decomposing organic matters in their vicinity, and from imperfect ventilation, are, I regret to say, but too constant, and too general; and yet the production of fever, whether sporadically or epidemically, is inconstant and irregular in the highest degree. Why should these causes produce fever at one time and not at another? Why should districts remain for years free or comparatively free, from fever, while the supposed exciting causes remain in full force? or, again, why, if the cause be constant, should the epidemic character of the fever vary? We may say, excluding the consideration of isolated cases, that each epidemic has a special or predominant character; thus, the great epidemic of 1827 and 1828 was very different from the epidemic which preceded it in 1818, and those which followed it in 1836 and in 1847. It was in the epidemic of 1827–28 that we observed the almost universal prevalence of the secondary disease of the intestine; perforations of the intestinal tube were common; and yet, since that period, such an accident is rarely met with, either in the fever itself, or during the period of convalesence. It was at that time, too, that those singular and fatal cases of yellow fever to which we have before alluded occurred intercurrently. In this fever, too, termination by well-marked crisis was commonly observed, a circumstance which is comparatively rare in the epidemics of maculated typhus in this country.

I do not put forward these views as in any way original, for Doctor Graves long held the opinion, and taught it in this theatre, that something more than the effect of local causes, as the term is commonly understood, was necessary to explain the occurrence of epidemics in Ireland. Let me read you a quotation from his seventh lecture, one of those devoted to the consideration of fever:—"that fever in Ireland at least, depends on some general atmospheric change which affects the whole island simultaneously, independent of situation, aspect, height above the level of the sea, dryness or moisture of the soil, or any other circumstance connected with mere locality, is proved by the fact, that when typhus begins to increase notably in the Dublin hospitals, we may always rest assured that a nearly simultaneous increase of fever will be observed at Cork, Galway, Limerick and Belfast. For a considerable period there was a great tendency among physicians to refer the origin of typhus, and almost every variety of fever, to malaria or unwholesome emanations from the soil, produced by the decomposition of vegetable matter. In Ireland, facts do not bear out this hypothesis, for, as already stated, when an epidemic of fever has become established, it breaks out simultaneously in situations the most different, and in some, where no such emanations can be supposed to exist; thus I have seen a whole family affected in the telegraph, situated at the summit of Killiney, a mountain formed of hard granite; and, indeed, the granite districts beyond Rathfarnham, Tallaght, and Killikee, supply the Meath Hospital with its worst cases of typhus." Further on he observes:—"Although ready to allow the general improvement of the health of the public from improved drainage, improved habits of cleanliness, and increased comforts, yet I cannot admit that in Ireland we are to expect any notable diminution of fever from the operation of these causes. In making this statement, you are aware that I am opposing the usually prevalent opinion. The grounds for my dissent have been partly explained to you already, for, according to my observation, the increase or diminution of fever in Ireland arises from some unknown general atmospheric or, if you will, climatic influence, quite independent of locality, and consequently the most improved and thoroughly drained towns and country districts are quite as liable to epidemics of typhus as are the most neglected and marshy parts of our island. The causes which occasion these epidemics are, on the other hand, in no way connected with the notable variations of the seasons, for, with us, the ravages of typhus are observed sometimes in dry, sometimes in rainy seasons, and its epidemics appear quite uninfluenced by the cold of winter, or the heat of summer."

What I wish you to believe, gentlemen, is, as I have already stated, that our fever is both epidemic, as proceeding from general but unknown causes, and also contagious; and no one can deny that causes, which would act in depressing the health and moral energy of a people by rendering them less able to resist the effects of disease, would increase the general mortality. The influence of bad ventilation and over-crowding, I need not here dwell on; nor, on the other hand, need I occupy your time with more arguments to establish the truth of the doctrine of contagion. You will find in the writings of Dr. Christison and Dr. Graves, convincing evidences on these points; and let me again refer to the great argument drawn from the liability to contract fever which has so long been observed among the medical practitioners of Ireland.

Before I leave this subject, I wish to recall to your memories the calculation made by Bishop Brinkley, the results of which were so strongly in favor of the communicability of typhus. They went to show, that an overwhelming number of chances would exist against the occurrence of a certain event, such as the sickening of eleven out of twelve of a family, in a particular district, if the sickening of one did not promote that of another, or, in other words, if the disease were not contagious. On this subject I have had the honor of receiving a letter from Dr. Paget, of Cambridge; and I would not be doing justice to you, or the question generally, if I did not state the objection made by this eminent physician, as to the soundness of the conclusions in favor of contagion, which appear deducible from these calculations. Dr. Paget observes that the form in which the problems are stated, excludes the consideration of all local influences, except contagion; in this he is perfectly correct, for the element of local influences was not presented in the questions given to Dr. Brinkley for solution; and for this reason, that the framer of the questions was not a believer in the effect of these local influences in causing fever. Yet we must agree with Dr. Paget, that had this element of local influences, besides contagion, been included, it must necessarily have diminished, by whatever was its real value, the overwhelming result which the calculations as they now stand, give in favor of contagion. But, even if we give a value to this cause which would diminish the numbers—say, even by 100,000,000—it would still leave the chances against the event, on the non-contagion theory, not less than 89,000,000 to 1,—a result more than amply sufficient to confirm the doctrine of the communicability of the disease. But even Dr. Paget himself admits, that, taking the case of the second calculation, if the consequence of these deductions on the score of local causes were to reduce the probability of 300,000 to 1, to that of 1000 to 1, yet this latter probability would be sufficient to carry conviction to the mind of any candid person. He, however, observes, that we have unhappily no means of estimating numerically, the requisite deductions, no means of calculating the effect of noxious exhalations from decomposing organic substances, of bad food, and other assignable causes, which have been supposed capable of promoting the spread of fevers; and he properly remarks, that Dr. Brinkley's results include, with contagion, the possible effects, not only of known, but also of unknown causes, which may make an individual household more liable to fever than their neighbors. I entirely agree with Dr. Paget, that, as an argument for contagion, the results of Dr. Brinkley's calculations must be taken minus the effect of local influences; and I feel indebted to him for having drawn my attention to this point, and to the importance of noticing it, when the numerical value of these results is considered. My opinion, however, as I have already stated to you, is that, in Ireland, local influences have not that great importance either as generators or promoters of fever which some believe them to have, and, consequently, the deductions to be made in favor of these causes would not greatly weaken the general results. We must believe that the causes of fever, independent of mere contagion, are various in the extreme, that they are probably numerous and complicated, acting in combination rather than singly, and varying in their effects, not only in consequence of their own properties and combinations, but also as regards the condition of the individual in whom fever is developed. To this point I have already alluded in a former lecture, in speaking of the influence of the same contagion on individuals of different countries. And Dr. Paget, in observing that our pathology of fever is not so perfect as to assure us that there are no predisposing causes besides those which are commonly allowed, notices the comparative immunity of infants and persons above forty years of age from the typhoid fever with rose spots and affections of Peyer's glands, etc., indicating that the constitution of the individual is an element in the question.

Let us now return to the consideration of the local diseases of fever. We have already seen that the existence of local symptoms in fever does not necessarily imply the existence of any known anatomical change. A man may have pain and delirium without cerebritis, cough and dyspnœa; without pneumonia, vomiting, purging, and meteorism without enteritis. To learn this point is to advance a great way in our knowledge of fever and its treatment. On the other hand, observation during life, and *post mortem* inspection prove that local diseases involving alterations of structures, such as thickening, softening, vascularity, effusions, ulcerations and gangrene, may be produced in various organs during the course of a fever.

Now, the great point in practice relating to these changes is, that they are symptomatic of the fever, secondary to the fever, and, in all probability, under the same law of periodic action as the general malady itself. They do not appear to begin with the fever, but they arise after it has existed for a certain time. There is the greatest variety in the period of their occurrence, and in their combinations; they may, as I have just now said, spontaneously subside with the fever; they may interfere with its critical termination; and, in certain cases where this does not occur, and when the general character of typhus disappears, progressive disorganization may go on in the structures which have been already affected.

In what way are we to consider the nature of these secondary affections in typhus fever? It appears now pretty well established that, in the follicular intestinal disease of the Continental fevers, there is a special typhus deposit, which, at least in the cases of recovery, is under the law, first of a progressive, and then of a retrogressive influence; just as in variola we observe the progressive maturation and absorption of the pustule. Recent pathologists have applied this principle to many other of the local diseases in typhus; and although the existence of a special deposit is not yet so well or so fully established in the case of thoracic and cerebral diseases, or at least in the case of parenchymatous as compared with membraneous structures, still we may, with a good deal sf safety, believe that an action more or less analogous to that which occurs in the glands of Peyer and Brunner though perhaps not so perfectly developed, may be assumed to occur in all the secondary diseases of typhus which are not purely neurotic.

In speaking of a specific deposit in the secondary diseases of typhus I do not wish it to be understood as intending to convey to you the impression that this deposit presents any definite characters whereby it can be distinguished from other morbid products; for, even with the aid of the microscope, we cannot discover any special distinctive characters in the deposit found in the follicular disease of the intestine, or in other forms of the secondary affections of typhus. It was at one time believed that the so-called "massa typhosa" did present special, distinctive, histological elements; but more recent research has shown that these views are erroneous. Still, it is possible, that, although we cannot determine the existence in it of any physical specific character, it yet possesses a vital specific character. Let us illustrate this by referring to two specimens of pus,—one taken from the pustule of variola, the other from an ordinary abscess; histologically they will appear similar, but that they have separate vital characters no one can entertain a doubt. But other conditions are found associated with this typhus deposit, or occurring when we cannot demonstrate its existence. Under this head we class many of those appearances which are described as inflammatory, such as redness, softening, tumefacfaction, etc. Some have supposed that these states indicate a reäctive inflammation, and that such does often occur, especially in the intestine, is abundantly proved by the researches of Rokitansky and others. I think it, however, extremely probable, that, in certain structures or organs, as, for example, the lung, these appearances of inflammation may precede or accompany the typhus deposit, or that they may occur even without such a deposit at all; and I think it likely that the liability to actual typhus deposit is much less in the lung than in the intestinal glands, and greatly less in the brain and nervous system generally than in either the thoracic or the digestive systems. Were it otherwise, typhus and typhoid fever would be much more fatal diseases than they are, death being produced in the one case by coma, and in the other by asphyxia.

But, even though he may not find, upon a close dissection, anything beyond the recognized appearances of inflammatory action spread over the surface of the mucous membrane, we are to believe that this condition, just like the typhus deposit, is secondary to the fever, and partakes of its specific character. You are not to believe that it is a simple idiopathic inflammation, nor is its existence to lead you into the deplorable errors of the antiphlogistic school, that Sangradoism of the nineteenth century which numbers more victims than the sword. This condition, however, although specific and secondary, still has some characters of irritation or inflammation if you will; and this fact points to the adoption in certain cases, of a practice which, to the mere theorist, appears inconsistent, namely, the use of local depletion to relieve the suffering organ, while, at the same time, we employ a general tonic and stimulating medication.

Let me, in conclusion, indicate to you in a general way the principal pathological conditions with which, in the treatment of a case of typhus fever, the practical physician has to deal.

First. We have the neurotic conditions, that is to say, conditions of functional derangement occurring without any known anatomical change. They may occur in relation to any of the organs; but they are, perhaps, more important, and certainly more frequent in the case of the nervous, than in those of the respiratory or digestive systems.

Secondly. We meet with intercurrent and secondary irritations or inflammations affecting principally the mucous membranes, less frequently the parenchymatous structures, and still less the serous surfaces. These irritations, although not associated, so far at least as we can discover, with any special deposit, are, nevertheless, of a specific character, and are under the influence of the laws which govern the general disease.

Thirdly. We have the condition now specified associated with, though probably for a short time preceding, the typhus deposit, just as we see in variola the vascularity of the skin to precede and accompany the vesicular eruption.

Fourthly. We may observe the typhus deposit occurring independent of any other alteration, and apparently not associated with any irritative process.

Fifthly. We observe the reäctive inflammation supervening on the typhus deposit, which has been so well described by Rokitansky, and which may produce progressive ulcerations or even mortifications of the affected parts.

Lastly. There is a condition of softening of organs, upon the nature of which we have, as yet, no very definite ideas. In some instances, it seems to be produced by an interstitial deposit of typhoid matter; while in others it is difficult or impossible to prove the existence of such a deposit. This state of softening as we shall presently see, is one of great practical importance. Its influence upon the heart, as you all know, is most remarkable. Its existence in that organ demands special attention, and there is good reason to believe that the same state, when affecting others of the involuntary muscles, such as those of the air tubes, and perhaps also those of the intestinal canal, has an important influence on the symptoms and progress of the disease.

LECTURE VII.

Let us now examine more closely some of the local or secondary diseases occurring in fever. In their seat, if not in their nature, these affections are observed to vary in different countries. On the continent—at least in France, and in a large portion of Germany—the frequency, and probably, the preponderance of the secondary disease of the intestines, is a matter that must be admitted. So remarkable indeed, is the predominance of the tumefaction and ulceration of the mucous glands of the intestine in France, that Andral, in the first edition of the "Clinique Médicale," described fevers under the general head of diseases of the digestive system; and yet, Andral was no blind follower of Broussais. In Ireland, however, we do not find this remarkable preponderance of the secondary diseases of the digestive system; but, when I state this to you, I wish you to understand and adopt this principle, that all statements as to the anatomical characters of fever, as it prevails here or elsewhere, are to be accepted only so far as they apply to the prevailing epidemic. And, although it is true, that, on comparing our typhus with the French typhoid fever, this difference becomes apparent, that the existence of follicular disease of the intestine is almost the rule, and its absence the exception in the latter affection, while in the Irish typhus, this condition of the intestine is rare, you must, however, bear in mind, that in Ireland, and in our own time, we have had a great epidemic of what was certainly typhus fever, in which the condition of the intestine accurately represented that which is found to prevail on the continent. This is an important fact, and one which some of the continental writers on pathology do not seem to be aware of, or they would not be so apt to adopt artificial distinctions and erroneous opinions on the matter. In the epidemic of the years 1826, 1827, and part of 1828, disease of the mucous glands of the intestine was so frequent that its existence might be held to be the rule, and its absence the exception; and it is also true that intestinal ulcerations have been repeatedly observed in the maculated typhus of Ireland, their amount and frequency varying with the epidemic influence. Let me refer you, for proof of these statements, to Dr. Cheyne's papers in the first and second volumes of the "Dublin Hospital Reports." Similar observations have been made elsewhere also. What, then, shall we say of that doctrine which declares that there is an essential distinction or difference marked by pathologico-anatomical characters between the continental fever and our typhus, or between the continued fever of Great Britain and fever as we have it in this country?—a difference to be expressed anatomically in this way, that in the continental or in the British continued fever there is extensive ulceration of the intestine, while in the Irish fever, this condition is wanting. Dr. Lombard, of Geneva, whose experience of fever in this country was manifestly insufficient to justify his coming to any decided opinion on the subject, holds that we have in Great Britain and Ireland two different fevers, one highly contagious, which he calls the Irish typhus, and in which the cephalic symptoms predominate to the exclusion of abdominal alterations; the other sporadic, and most likely not so infectious, in which the abdominal symptoms are more predominant, so much so that the follicular disease and consequent ulceration are always present. These two fevers are in the opinion of this writer, to be found in most parts of Great Britain, but the first is most prevalent in Ireland, and in parts where the Irish come in great numbers; the other, similar to the European sporadic fever, is met with in all places, varies with the seasons, and is not necessarily produced by, or under the influence of, a contagious principle. Had Dr. Lombard been aware that ulcerations of the intestine are frequently met with in our petechial typhus; and again, that the typhoid fever, or at least a fever with extensive dothinenteritis, has raged epidemically for two years in this country, he would have been slow in venturing to settle the question in so decided a manner; and I have before mentioned to you, that during the prevalence of any particular epidemic in this country, we meet with cases agreeing in all their general characteristics, and having all the distinctive marks of typhus; in one set of which follicular ulceration is met with, while in another this lesion is entirely absent.

If, however, we inquire, what is the disease secondary to typhus, for the removal or modification of which we are most often called on to exert our skill in the wards of a Fever Hospital, and especially in the worst cases of petechial typhus, I would say that it is the pulmonary, rather than the gastro-intestinal complications. Certainly the secondary disease of the bronchial surface is generally the most formidable of the local affections in our Irish typhus. This is true, at least for cases which have occurred within the last ten or fifteen years. So great, indeed, is the frequency of this bronchial complication, that long before I was aware of the opinions of Rokitansky on this point, I frequently suggested in my lectures, whether the secondary bronchial disease might not be held to stand in the same relation to the Irish typhus that the follicular disease of the intestines in France bears to the fever in that country. Let me read to you a passage from Rokitansky's work, lately translated by Dr. Day for the Sydenham Society, bearing on the points before us. He is speaking of the typhus process on the mucous membrane of the air passages:—"In primary broncho-typhus the general disease originally localises itself here, avoiding all other mucous membranes, even that of the intestine, for which in general the typhus process shows the most decided preference. The latter mucous membrane exhibits, however, in many cases a recognisable, though always subordinate and secondary developement of the follicles, in which the adjacent mesenteric glands participate; and, in such cases, it is very often a difficult matter to distinguish the typhus in the above named affection of the bronchial mucous membrane. The peculiar stasis of the spleen, and of the great *cul de sac* of the stomach, the remarkable intumescence of the former, and the singular character of the blood, the typhus nature of the general disease, and especially the altered condition of the bronchial glands invariably serve, together with other symptoms, to indicate the typhus nature of the bronchial affection. The alteration occurring in the bronchial glands is of the same character as that affecting the mesenteric glands in abdominal typhus. They become swollen to the size of a pigeon's, or even of a hen's egg, are of a dark violet color, which afterwards becomes lighter, present a relaxed and friable appearance, and are infiltrated with a medullary typhus matter. Like typhus me- eric glands, they may become the seat of a tumultuous metamor- is, and thus either with or without perforation of the adjacent iastinum, may give rise to pleurisy. This form is often combined with pneumo-typhus and typhus pleurisy, and is, beyond all doubt, the basis of the spotted contagious typhus, and very probably also of Irish and North American typhus, which, in the majority of cases, run their course without any intestinal affection. With us this affection is rare, and, in point of frequency, is not to be compared with abdominal typhus."

I may observe here, that by the term "tumultuous metamorphosis" is implied the occurrence of violent symptoms with suddenness and rapidity of progress. Dr. Day remarks that Rokitansky has used the term in a new sense, but it means generally, as I understand it, that a violent and reäctive inflammation occurs in the parts altered by the typhus process, which may cause great congestion, turgescence, perforation, or even gangrene. As Rokitansky does not indicate any distinctive features between the spotted contagious typhus and the Irish and North American typhus, we may safely hold them to be the same diseases.

With respect to the question of the comparative frequency and importance of the pulmonary as contrasted with the nervous symptoms in fever, as it effects the lower and upper classes in this country, my decided impression is, that taking the experience of the last twenty-five years, the secondary bronchial, or, to speak more generally, the pulmonary complications are much more frequent and dangerous in hospital than in private practice. It is not easy to explain why this should be so, but certainly we find a greater preponderance of nervous symptoms in the typhus fever, as it effects the upper classes of society, than in cases of the disease as we meet with it in hospital; while in hospital practice the nervous symptoms, though we cannot say that they are absent, seldom require any very special interference on the part of the practitioner. No doubt we meet with coma and subsultus tendinum occasionally, but that predominance of nervous symptoms in the early periods of typhus, which is so common in the upper classes of society, is but rarely seen in our wards; and if you will only reflect on the simple fact, that we so rarely have occasion to shave the head among our hospital patients, you will fully see the truth of what we say. Remember, too, how many cases we have had, in which, while all the symptoms of typhus—such as prostration, weakness of the heart, eruptions of maculæ and petechiæ, and well marked secondary diseases of the mucous membrane of the intestines—were present while the patients minds remained quite unclouded, and while no symptom occurred calling for any special measures directed to the heads. The typhus of Ireland, then, is not characterized, as Dr. Lombard has described it, by a preponderance of cephalic symptoms, at least when it occurs in that class from which he supposes the best specimens of the disease to be drawn. He is as incorrect in his statements about the predominance of cephalic symptoms as when he says that the absence of follicular ulcerations of the intestines is a distinctive mark of Irish typhus.

In the typhus fever of the upper classes in this country the nervous symptoms are generally much more aggravated and developed at an earlier period; and it may be that this preponderance of the nervous symptoms, this tendency to affections of the brain in one class, even though these affections be principally neurotic, is a cause of the comparative exemption of such cases from the secondary bronchial disease. You will find as you advance in the study of general pathology, plenty of examples in which diseases of structure or of deposition are suspended or replaced by purely nervous affections. Explain it as we will, the general proposition appears true, that the nervous symptoms, comparatively speaking, are but slightly developed in the fever of the lower classes, while those indicative of nervous disease are much more prominent; and conversely that in the upper ranks symptoms indicative of irritation of the mucous surfaces are less developed, while the nervous symptoms are severe; and this, perhaps, may throw some light upon the doctrine which has been long held by many, that the mortality of fever is greater in proportion as we ascend in the scale of society.

I have already told you that, as regards prognosis, the preponderance of the nervous symptoms in fever should cause us more apprehension than that of any other class of symptoms, and especially when this preponderance is observed at an early period of the disease. This greater susceptibility of the nervous system in the higher classes may itself be a cause why we cannot use wine with as great liberality in this class as with ordinary hospital patients. And this, again, may explain the greater fatality in private practice, inasmuch as that, in consequence of the excitement of the nervous system and the incapability of the patients to bear stimulants largely, we are debarred from the use of that which is the great medicine for fever.

I think we may lay it down as a principle, that the more the secondary affections of fever are anatomical, the greater will be the utility of stimulants; and conversely the more they are neurotic, and especially in cases where these neurotic symptoms are more closely related to the cerebro-spinal centres, the less will be the efficacy of wine. It might be supposed, from *à priori* considerations, that the man in the higher classes of life who has been accustomed to the use of wine, would require it more and derive greater benefit from it in the course of a fever which it must be remembered is a disease of debility and prostration, than the peasant who has not been habituated to the regular use of stimuli; but I believe that the very reverse is the fact, and that the greatest triumphs of the stimulant treatment in fever are to be found when it affects the agricultural peasant whose nervous system has not been excited either by the use of stimulants or by intellectual exertion. I know that some will object to this on the ground that our Irish peasantry are habitually intemperate; but this charge of intemperance is only one of the many calumnies that have been put forth with reference to our countrymen.

The Irish peasant is not habitually intemperate; neither do his means permit nor his inclinations direct him to be so. When he does indulge, it is on special occasions; but you seldom meet in hospital a case of injury to the general health produced by a long course of intemperance in the agricultural peasant. The case is no doubt different in the class of artisans who are the inhabitants of our large cities and towns. In this class we find, that when fever attacks an individual we can neither use stimulants with the same boldness, nor reckon on their success with the same confidence as in the more sober portions of the population. In this respect the Irish are not peculiar.

To a person who is not in the habit of examining patients very closely, the frequency and importance of the bronchial disease would not appear very evident or striking as he walked round the wards of an Irish Fever Hospital. We find the patient lying in bed; he is, perhaps, in a state of stupor, but from this he is easily roused. He is covered with petechial spots, red or livid, as the case may be. There is nothing remarkable about his breathing; he is not reported to have any cough; his pulse is probaby 120, or between 120 and 130, and his heart is weak. That patient, with but little hurry of breathing, not complaining of any distress, and without cough, may be, and frequently is, at that very time, almost in a very advanced stage of the bronchial disease. When you apply the stethoscope, you are surprised at the great amount of disease that it reveals, although the symptoms of this important affection are absent. One would expect, that in such a case there would at all events be lividity of the countenance from the non-arterialization of the blood; but here is one of the curious things connected with fever which it is extremely difficult to explain; that you will often see but little lividity in such cases. At all events, it is not sufficient to draw the attention of the uninformed practitioner to the condition of the patient's lung. In most patients laboring under bad typhus there is a peculiar dusky hue of the face; and this he would have whether the bronchial disease were present or not. But I have over and over again seen the most extensive bronchial disease, where every tube seemed to be half-filled, and yet little of the kind of lividity which we see in a case of asthma or if bad suffocative catarrh existed. Consider this fact for a moment, for it is full of matter for reflection. What does it tell you? It announces to you this highly important principle, that in their formation, and in their progress, the secondary diseases of fever are, as it were, silent. They occur without the usual symptoms which are observed in idiopathic inflammations. They are not idiopathic inflammations, and, therefore, they have not the symptoms of them. Let us omit no opportunity of impressing this on our minds, that these diseases are not inaflammations. They form silently—they advance silently. Consider for a moment the formation of a pustule in an ordinary case of small-pox. The pustule gives no notice of its formation. You turn down the clothes, and you find the arm covered with vesicles; the patient has not complained, but you find there is the disease. So it is with respect to the bronchial disease in typhus; so it is with respect to the intestinal disease in typhus. We see the bronchial disease forming in this singular and latent manner, without excitement or suffering of the patient. We see the same in the intestine; we see the same in the heart. The softening of the heart, as you will have abundant opportunities of seeing this season, is, in its commencement and all through, a silent process. The process of change up to its maximum alteration, and the process of retrocession up to the period of recovery, considered simply, when they are not interfered with by accidental irritative inflammation, go on silently. The disease may proceed to its maximum without symptoms, and retrocede without symptoms. Now, under these circumstances, I have told you, that when you apply the stethoscope, you find singularly extensive râles. These râles may be sonorous, mucous, or crepitating; the amount of each of these characteristics varying in every case, and in different portions of the lung, in the same individual. When you use percussion, you find that there is no remarkable dullness anywhere. I have not observed, at least in the bronchial affections of typhus fever, the curious result of percussion which we see in other cases of bronchial disease. We have not observed any increase of sonoriety of the chest. This is a very remarkable fact. In a large number of cases of acute inflammatory bronchitis, you observe, that, so far from the chest being dull, it is actually clearer than natural; and this is explained by the circumstance, that there is a great accumulation of air in the air-cells of the lung,—that, in fact, every little air-cell of the lung is in a condition of extreme distension; it is full of air, and this air cannot find a ready egress during expiration, in consequence of the state of the bronchial tubes; and hence we have the increase of sonoriety. I have not observed this in cases of typhus fever where there was no consolidation of the lung; but, at the same time, it is to be noted, that we have not specially studied this point in fever cases. When the patient draws a deep breath, we frequently find that the râles go on increasing up to the very end of the inspiratory act; and, in certain cases, the following curious circumstance is found, and it is one of those which illustrate what I have termed the silent action of the disease—that on applying the stethoscope you will find perhaps but little râle, or a loose rattle in the larger tubes, or perhaps in some of the secondary bronchial tubes,—that is during ordinary breathing. If you contented yourself with such an examination, you might come to the conclusion that there was very little the matter with the patient's lung—slight mucous disease in the lower part of the trachea, or in the very large tubes. But you may be altogether wrong; for, under these circumstances, it frequently happens, that when the patient draws a deep breath, you are startled with the extent and intensity of the râles running to the very end of the respiratory act. It is in this condition that the patient's life is seriously endangered; for if this bronchial disease does not retrocede, but continues to advance, it may happen that the patient will suddenly fall into a condition of asphyxia, tracheal rattle comes on, and he dies a mechanical death—in fact, he dies suffocated. You may leave your patient apparently going on very well, and be summoned to him in the course of a few hours, and find him *in articulo mortis*. This is a common thing, as I mentioned to you before, in patients in whom the bronchial disease has been overlooked or neglected.—*Virginia Medical and Surgical Journal.*

BIOGRAPHICAL SKETCH OF R. D. MUSSEY, M. D.

DR. R. D. MUSSEY was born in New Hampshire, Rockingham County, Pelham Township—on the 23d of June, 1780. His father, Dr. John Mussey, a respectable country physician, was unable to make much provision toward giving the son an education, though he early expressed a wish to do so. When R. D. Mussey was eleven years old, his father removed to Amherst, N. H., where the son had the benefit of some weeks instruction in the winter, at the district school. He was taught by his father the elements of Latin, and at the age of fifteen, was sent to the Aurean Academy at Amherst. At this school he acquired such knowledge of Latin and Greek, and other studies as qualified him for entering Freshman in one of the New-England Colleges; but seeing no readier way of obtaining the requisite means, he emyloyed himself on the farm in summers, and taught school in the winters. He commenced teaching in his sixteenth year, and continued thus to employ his winters until he entered in 1801, the Junior Class in Dartmouth College; having laid by a little from teaching, and being encouraged to hope for some aid from his father. The winter vacations in College, he spent in school teaching, as he had done the winters before.

At College, he sustained the reputation of a respectable scholar, and was regarded by his own and the preceding classes, as occupying a standing in the first third of his class, which was larger than the then average classes, numbering forty-five. He was graduated in August, 1803, and immediately entered upon the study of medicine, as a pupil of the late, and very eminent, Dr. Nathan Smith, founder of the Medical School of New Hampshire.

The next summer, he taught an academy in the town of Peterborough, N. H., to recruit his finances, at the same time diligently pursuing his medical studies, under the direction of Dr. Howe, of Jaffrey, N. H. The remainder of his professional studies was under the supervision of Dr. Smith.

After a public examination at which he defended a Thesis on Dysentery, he received the degree of Bachelor of medicine, in August, 1805.

Early in September of that year, he commenced the practice of his profession in the South Parish of Ipswich, now Essex—in Essex County, Massachusetts. Here he had no competitor,—his predecessor, who had monopolized the practice of the Parish, being in the last stage of pulmonary consumption. At this place he remained three years, — then collecting his dues, had sufficient means to carry him to Philadelphia, where he remained nine months. He put himself under the instruction of Dr. Benjamin Smith Barton, Professor of Materia Medica, and attended in the ensuing spring, his Botanical Lectures, after a full course of Lectures in the University of Pennsylvania. In 1809, he received the degree of M. D. from this institution, which at that period enjoyed a high and wide reputation, attracting students from all directions and great distances.

The Professors at that time were Drs. Rush, Wistar, Physic, Dorsey, Barton, Woodhouse — Drs. Chapman and James supplied the place of an Obstetrical Professor in Lectures, which all the graduating students attended.

At this time, and for some years previous, Dr. Rush had taught, in the physiological part of his course, the doctrine of the non-absorption of the human skin. He was strengthened in his belief by some experiments made by two young physicians of Philadelphia, in which the experimenter breathed through a tube, fastened to his mouth at one end, while the other passed through the wall into a distinct apartment, to which fresh air was freely admitted; his body being rubbed at the same time with various odorous substances — as oil of turpentine, asparagus, &c. It was alleged that none of these odors were detected in the secretion of the kidneys, and the doctrine of non-absorption was regarded by part of the profession as fully established.

Dr. Mussey pursued a different course. He immersed himself for three hours in a madder bath, in which three pounds of madder were diffused in sufficient water to cover the body and limbs. During the two following days, the urine exhibited a bright red color, on dropping into a specimen of it a small quantity of a solution of caustic alkali.

This experiment was repeated, with the same results; — and they were made the basis for a Thesis at his graduation. These results, so undeniable, were peculiarly gratifying to some members of the Faculty, and of the profession generally, who had never been fully satisfied of the correctness of Dr. Rush's views. After his graduation, Dr. Mussey pursued a series of experiments with colored substances, with a view to ascertain whether any others would enter the circulation, through the skin. The coloring matter of rhubarb was as easily detected, after a bath of its infusion, as that of madder — an application of the alkali, as before, producing a reddish-brown color.

These experiments were repeated, till there could be no mistake as to the facts. Several other colored substances were tried; as indigo, arnatto, redwood and logwood; but if either of these passed into the circulation, their coloring matter must have been changed, inasmuch as neither of them could be detected in the urine.

One experiment was made with cochineal. A pound — or a pound and a half — of that article was ground fine, and mixed with sufficient warm water for a bath. After an immersion of three hours, the liquid muriate of tin, a well known mordant for the color of cochineal, was employed as a test in the urine, — but no coloring matter was detected.

Another experiment was made by Dr. M., which might have been regarded as not without risk. He immersed himself for three hours in a strong infusion of nut galls, and then went into a strong solution of sulphate of iron, lying in that three hours more. No ink was found in the urine. He opened a vein in his hand to ascertain if the serum of the blood exhibited anything peculiar. After obtaining about an ounce and a half of blood, it ceased to flow, and exhausted by his long immersion, Dr. M. sank faint upon the floor. The serum of this blood had a tinge slightly different from that of common blood, and was slightly coagulated — resembling very much the serum of common blood, in which a quantity of powdered nutgalls had been stirred up and allowed to settle; leaving the inference, that some portion of the nutgalls had probably passed into the circulation.

The doctor was not disposed to repeat the experiment — but was a week or two in regaining his accustomed strength and activity.

None of these experiments have ever been published, except those made with madder and rhubarb; although the minutes of them still exist, in Dr. Mussey's possession. As a matter of course, they excited at the time, not a little discussion among the profession at Phiadelphia; and it is said that some gentlemen, — one of whom at least, before referred to, — had made experiments with odorous bodies, proceeded to repeat Dr. Mussey's experiments with certain precautions, which they alleged, he ought to have taken, viz: — they plastered up very carefully the outlets of the body, and then went into the madder and rhubarb baths. Notwithstanding these precautions, they readily detected the foreign coloring matter in the urine. They varied their experiments somewhat, and at length made the announcement, that they had found only a few patches upon the body, which were capable of imparting these substances to the circulation by absorption or imbibition.

These patches were inside of the leg, and thigh, and arm. The teachings of Dr. Rush, after this, were somewhat modified; he admitted that madder and rhubarb had a very "penetrating quality," and were capable of finding their way into the circulation, through certain points only. In this he was followed substantially, by Dr. Chapman, the late Professor of Theory and Practice in the same institution.

All this was, soon after, effectually refuted by experiments made, at the request of Dr. Mussey, — by his friend the late Dr. Sewall, of Washington City — then resident in Massachusetts. He immersed his hand and wrist, and afterward his foot and ankle — for periods of eight and ten hours, — in a madder bath — repeating the experiments, and finding upon each examination, plenty of madder in the urine.

Dr. Mussey, on returning from Philedelphia, settled in Salem, Massachusetts, a town of twelve thousand inhabitants, a dozen miles from Boston. In this place, he soon formed a professional partnership, with that excellent and learned man, Dr. Daniel Oliver, afterward Professor of Medicine in the Medical Institution of New Hampshire. During their professional connection they gave, in two successive years, two courses of popular lectures on Chemistry — at that time a novel enterprise in that town.

Dr. M. remained in Salem between five and six years, most of the time largely occupied in professional practice. During the last three years of that period, his obstetrical practice was larger than that of any other physician in the town — amounting in average to a fraction over three cases a week, for the whole time. While in Salem, he also performed a considerable number of surgical operations — especially upon the eye.

In the autumn of 1814, he accepted an invitation to the professorship of Theory and Practice of Physic in the Medical School of Dartmouth College.

In the changes which occurred in the Medical Institution, connected with the attempt of the Legislature to wrest the charter from the trustees of Dartmouth College, Dr, M. was requested to give the Lectures on Chemistry for one session; which he did, to very general acceptance — seldom, or never, failing in any experiment which was at that period, considered necessary for the illustration of chemical principles. After the decision of the Dartmouth College question, by the Supreme Court of the United States, in 1819, so ably and triumphantly argued by the great Alumnus of the College, Daniel Webster — Dr. Mussey was appointed to the Professorship of Anatomy and Surgery. At this time he judged it necessary to commence the study of Anatomy, as it were, *de novo;* and having then a somewhat large professional practice, he was compelled to hard work by day, and frequent encroachment upon the night, in order to give his two daily lectures during the term, and to meet the calls of his patients.

Until the close of the session in 1838, he continued to instruct in these branches — and in addition, gave lectures for a time on Materia Medica, and also on Obstetrics, to meet occasional exigencies of the College. In the summer of 1817, he gave a course of Lectures on Chemistry at Middlebury College in Vermont.

Early in December, 1829, Dr. Mussey left Hanover for Paris, where he remained several months, attended the Hospital Cliniques. During this absence, he passed several weeks in London, visited many of the provincial Hospitals, and Museums of Anatomy, as well as those of the metropolis; and formed the acquaintance of many distinguished professional gentlemen.

From this absence of ten months he returned in season to complete his College duties, by giving double and treble lectures in the session of 1830.

At this time, the Medical School of Maine, having lost by death its Professor of Anatomy and Surgery, invited Dr. Mussey to give the Lectures in those branches; which he did, for four successive winters — the session in Maine commencing after that in New Hampshire had closed.

For two successive seasons, in 1836 and 1837, after the close of the New Hampshire session, Dr. M. went to Fairfield, Herkimer Co., N. Y., to give the lectures on Surgery, in the College of Physicians and Surgeons located there, an Institution then very flourishing, but some years afterward given up.

In the fall of 1838, Dr. M. worn with the laborious country practice in a cold climate, and looking to his future, as probably of longer usefulness in a city, accepted an invitation to the Professorship of Surgery, in the Medical College of Ohio, at Cincinnati, and removed thither with his family. In that Institution, for fourteen successive years, he gave the Lectures on Surgery, besides having charge of the Surgical Department of the Commercial Hospital of Cincinnati, and sustaining a full practice.

At the close of his fourteenth course there, Dr. M. resigned his chair in the Medical College of Ohio, and in the course of the ensuing summer, 1852, consented to take the Professorship of Surgery in the Miami Medical College in Cincinnati; in which he has already given two full courses of lectures, and has had charge, through the sessions of the Surgical Department of St. John's Hospital, (1854.)

At, and before the time of Dr. Mussey's visit to Europe in 1830, the doctrine of the non-union of intra-capsular fractures of the neck of the thigh bone, was taught by Sir Astley Cooper, and admitted by many distinguished members of the profession in Great Britain. Dr. M. carried with him a specimen, which, in the opinion of several surgeons both in Paris and London, satisfactorily demonstrated the fact of such bony union. When this was shown to Sir Astley, he at first remarked, "This was never broken." After a more careful inspection of it, especially its interior, which had been sawed into two vertical portions to render it accessible to the eye, he remarked, "This does look a little more like it, to be sure, but I do not think the fracture was entirely within the capsular ligament." Few surgeons who saw the specimen, had the assurance to deny that it was a case of *bona fide* fracture. That distinguished surgeon, Mr. John Thompson, of Edinburgh, author of a treatise on inflammation, valuable in its time, did however, upon taking the specimen in his hand, declare "upon his troth and honor," that it had never been broken. This opinion, given with an ex-cathedra emphasis, — foreclosed all further conversation. Since that time, Dr. Mussey has procured several specimens which prove indubitably a bony re-union of this intra-capsular fracture.

Before his visit to Europe, Dr. M. had operated upon a young man, for a large, bleeding, and ulcerated Nævus, upon the vortex of the head — by tying in succession, both caroted arteries, at twelve days' interval, — and a few weeks afterwards, removing the tumor. An account of this case, contained in the "Am. Journal of the Med. and Phys. Sciences," for February, 1830, had been recived in London a short time before Dr. M's arrival there. As this was the first published case of tying both carotids, it necessarily excited some interest in the profession, and enlarged Dr. M's facilities of intercourse with its scientific members in that metropolis.

As a physician and operative surgeon, Dr. M. has sustained a prominent rank in the profession of our country. While in New Hampshire he had a widely extended field for the exercise of his professional abilities; and although he had not the advantage of that close association with medical men, which large cities give, the privation resulted in a more thorough development of his own powers, and a more self-reliant professional judgment.

It was in this period, that he successfully treated, by operation a case of uni-locular ovarian disease.

Another rather rare operation, was one upon hypertrophied tongue — in a boy of thirteen. The disease commenced at the age of nine months, and at the time of operation, the tongue measured eight inches in circumference where it issued from the mouth, and five inches in length, from the upper lip to the tip of the tongue. The operation was successful. Reported in the Philadelphia Journal.

Another extraordinary case was one of osteo-sarcoma, which commenced in the thumb and fore finger, and for which an operation was performed, consisting of the removal of the entire meta-carpal bone of the thunb, and three-fourths of that of the fore finger. Thirteen years afterward, the disease had invaded the radius, and the os humeri; especially its upper half, which had become very large, and exceedingly painful. At that time, the arm was amputated at the shoulder joint. Six years after this, the patient came a third time to Dr. M., with the same disease, in the form of a large tumor, occupying the greater part of his shoulder blade and collar bone. He was then put on farinaceous diet for a month — drinking only milk or water — preparatory to a third operation. This consisted in the removal of the entire shoulder blade and collar bone, and resulted successfully; the first operation of the kind, it is believed, ever performed. This was in October, 1837. The patient is still living, and well. (1854.)

In Ohio, Dr. M. had, in the summer of 1845, a case somewhat like the preceding. Mr. Stark, from Lower Sandusky, had a very large osteo-sarcoma of the arm, shoulder blade, and outer portion of the collar bone. Dr. Mussey removed the arm, the entire shoulder blade, and more than half of the collar bone. In a letter received from this patient in the spring of 1854, he reports himself *well*, having had no symptom of a return of the disease, since the operation.

In the summer of 1845, Dr. Mussey, for osteo-sarcoma of the lower jaw, disarticulated that bone, removing more than half of it, and accomplishing this without dividing the duct or steno, or the facial nerve. The object was to preserve the symmetry of the mouth for the patient, (a beautiful young lady,) and it was fully realised.

Dr. M. was not at the time aware that the lower jaw had ever before been disarticulated, and a large portion of it removed, without implicating the facial nerve.

Dr. M. has kept no record of the number of his operations, except those of three classes, viz:

Lithotomy, 49; 4 deaths. Lithotrity, 1; successful.

—Strangulated Hernia, 40; 8 deaths.

Variocele, 45; by sub-cutaneous ligation of the spermatic vein, with never a bad symptom following. In all the cases followed out, —and it is believed in the whole number, —a perfect cure.

Dr. M. recollects four cases of successful operation for perinœal fistula; and two for stricture of the urethra, of long standing, and so complete as not to admit the passage of either catheter or bougie, into the bladder. In both cases the recto-vesical tapping of the bladder was practised, as a necessary measure, to prevent speedy death from entire obstruction of the urine. After the subsidence of the irritation, the point of a staff pushed as far as it would go into the urethra, was cut down upon through the perineum, and as no instrument, not even the smallest probe could be passed into the stricture, an artificial canal was made, by passing, without a guide, a straight, narrow, sharp pointed bistoury into the bladder, and was kept open by an elastic gum catheter. In both cases, the wound in the perineum was ultimately healed, and the artificial urethra kept open by the occasional use of the bougie, for the first year, and very rarely afterwards, answered a good purpose. One of the patients, who went to a distant part of the country, was heard from five years after the operation, and was reported to be well. The other, now about thirty-eight years old, still lives in Cincinnati. He stated to Dr. Mussey, in May 1854, thirteen years after the operation, that he sometimes felt a slight difficulty in passing his water, but that for some years, he had not except in a few instances, been induced to pass a bougie.

In a third case of *impervious* stricture, in which there was enough dribbling of urine to prevent the necessity of puncturing the bladder, an operation similar to the foregoing, was practiced within the last eight months, with less satisfactory results. The patient — between fifty and sixty years of age — after a long confinement, with severe symptoms, recovered, and went home able to urinate with a small stream, accompanied at each urination with the discharge of a few drops through a small aperture still remaining in the perineum.

In several instances he has removed the upper, and parts of the lower jaw, for the diseases not unfrequently invading those bones—and within the last ten or twelve years he has had numerous cases in plastic surgery. In three cases, he had fair success, in making an artificial nose, and in one case, failed. In repairing cheeks and lips, lost by sloughing in childhood, he has had several cases, with very satisfactory results.

Within the last two years, Dr. Mussey ligated, at four weeks interval, both carotids successfully, for aneurismal enlargement of the arteries about the ear. Within the same period, Dr. M. obtained a perfect cure by operation, of a recto-vaginal fistula. Both cases are detailed in the Am. Jour. Med. Science, at Philadelphia, 1853.

Dr. Mussey's private character and history remain for a different record. That his life has been full of successful labor, possible only to a firm and energetic perseverance, this professional outline will indicate,—that it has been for many years, controlled by the principles of an earnest and conscientious Christianity, is its better testimony. His attention was roused in early life to the necessity of a Temperance reformation, and his agency in that movement has been not only prominent from the first, but consistently progressive with the growth of public sentiment—unless it may be said to have been at times, in advance of it. For more than twenty years, he has been a water drinker, and for almost the same period, a practical vegetarian, in accordance with what he believes to be the true principles of Hygiene.—*New Jersey (Md.) Reporter.*

PHARMACEUTICAL OBSERVATIONS ON BUCHU.

By Henry N. Rittenhouse.

(Extracted from an Inaugural Thesis.)

The author, after describing the botanical characters of the plant, refers to the analysis of Brandes and Cadet. The former found *pale yellow volatile oil,* 0.88; *resin,* 2.34; *bitter extractive* (diosmin) 3.78; chlorophyle, 4.77; gum, 12.71; *lignin,* 45; *brown substance, extracted by potash,* 1.56; *nitrogenous matter extracted by potash,* 2.42; *albumen,* 0.58; *malic acid,* 1.56; *various salts, bassorin water, &c.,* 20.54; *acetic acid and loss,* 3.86.

Brandes attributes the activity of buchu to the volatile oil chiefly, and to the diosmin or bitter extractive.

Cadet's analysis gave *volatile oil*, 0.665; gum, 21.17; extractive, 5.17; chlorophyle, 1.10; resin, 2.151; lignin, &c., 69.744.

The author obtained a highly volatile oil by distilling the leaves with water. It had a mint-like odor, reddish-brown color, and aromatic, warm, pungent taste, with a sweetish rather pleasant after taste. It is yielded in the proportion of seven-eighth of one per cent. This volatile oil is lighter than water. In distilling buchu, the oil comes over with the first portions of water, and hence the process should not be continued too long. He also "obtained an extractive matter by precipitating the alcoholic and watery solution by infusion of galls. It is dark green, slightly bitter, nearly odorless, insoluble in cold water, but soluble in alcohol, ether, and a weak solution of carbonate of potassa."

The author then alludes to the medical properties of the drug and the several pharmaceutical preparations which have been suggested, and makes the following critical remarks on the published formula for the fluid extract of buchu, viz:

A preparation called "The Fluid Extract of Buchu" was suggested by Prof. William Proctor, Jr., of this city, who published a formula for it in the American Journal of Pharmacy, vol. xiv., page 86, of which the following is a copy:

"Take of Buchu leaves,	viij. ounces (Troy.)
Alcohol,	xvi. fluid ounces,
Water,	q. s.

Reduce the leaves to coarse powder, moisten them in a covered vessel with 12 fluid ounces of the alcohol, macerate them for six hours, and introduce the mass into a suitable displacer. When the clear fluid has ceased to drip, add the remaining alcohol mixed with four fluid ounces of water gradually, until the displaced alcoholic liquid amounts to twelve fluid ounces, which is set aside until reduced to six fluid ounces by spontaneous evaporation. The residue in the displacer is then treated with a pint of cold water by maceration for twelve hours, and subjected to pressure until a pint of fluid is obtained. (Displacement may be resorted to, but the mucilage renders it ineligible.) This is evaporated to ten fluid ounces mixed with six fluid ounces of evaporated tincture, and after occasional agitation for several days may be filtered or strained to remove the undissolved resinous and gummy matter. Thus prepared it had a dark brown color, a strong and rather pungent taste of buchu, and is administered in the doses of one or two teaspoonfuls, which represent one-half or one dram of the leaves. Another extract was prepared by him by evaporating the tincture to four fluid ounces, the infusion to eight fluid ounces, and then dissolving in the mixture eight ounces of powdered sugar by agitation." *

Another preparation, called "The Compound Fluid Extract of Buchu" has been prepared, but it does not seem to have the odor or taste of the leaves very strongly marked. In view of the increasing popularity and demand for fluid extracts, both among the medical profession and the public at large, on account of the more or less entire absence of alcohol, the smallness of the dose, and the more certain affects of the medicine; the volatile principles being rarely submitted to the action of heat, and preparations of this class being thus more perfect representations of the drugs employed than almost any other; I have been induced to prepare a fluid extract of buchu that should possess all the above advantages, for buchu is known to possess valuable remedial properties which have been, as far as I cay learn, very much laid aside without great cause, and other medicines substituted which are less certain. The following is the formula which I have found most successful in producing a perfect preparation:

Take of Buchu in coarse powder,	viij. ounces,
Ether,	vi. fluid ounces,
Carbonate of potassa,	half an ounce,
Alcohol,	
Water,	of each a sufficent quantity.

Add a dram of the carbonate of potassa to the powdered leaves, then the ether mixed with one pint of the alcohol; having incorporated them thoroughly, allow them to macerate twenty four hours, then transfer the whole to a percolator, and pour on diluted alcohol until a pint of ethereal liquor is obtained, put this into a suitable vessel and allow it to evaporate spontaneously until reduced to four fluid ounces. Upon the mass in the percolator pour on water mixed with one fourth its bulk of alcohol, and holding the remainder of the carbonate of potassa in solution until the percolated liquor amounts to a pint; remove the dregs and

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*[The process which we have followed for several years past is a modification of the original, which consists in substituting diluted alcohol for water in the latter part of the process as in the *officinal* formula for the fluid extract of valerian. The resulting fluid extract is rather more alcoholic than the original, but retains more of the oleoresinous principles.—EDITOR.]

express them until another pint is obtained, washing them with water, if necessary, to make up the measure; mix this with the pint last obtained, and evaporate on a water bath to four fluid ounces; add this to the four ounces left after the spontaneous evaporation. The resulting fluid extract should measure eight fluid ounces; if less than that, the deficincy can be made up by the addition of diluted alcohol. Fluid extract of buchu as thus prepared is of a dark green color, and has the odor and taste of the leaves in a concentrated form. I have tried several ways of making this extract, but have found none so satisfactory as the above. The first was with twelve fluid ounces of alcohol and four of ether, to eight ounces of leaves, mixing the alcohol and ether with the buchu without previous maceration, then displacing a pint by the addition of diluted alcohol. Set this aside to evaporate spontaneously until reduced to four fluid ounces. Upon the mass in the percolator I poured diluted alcohol until ten fluid ounces had passed, and evaporated this in a water-bath to four ounces, then mixed them; this was of a very dark color, and tasted quite strongly of the leaves; but in evaporating spontaneously, a resinous matter was deposited on the sides of the evaporating vessel and would not mix smoothly with the extract.

I next made an extract according to the above formula, to which I added an ounce of sugar to an ounce of extract; this did not possess any advantages over the other. Another was then prepared in the same proportions as before, and conducted in the same manner in the first part of the process, but to the mass in the percolator I added water, holding carbonate of potassa in solution; this was allowed to percolate twenty-four hours, then expressed, and evaporated to the same quantity as the first, and mixed.

The object of adding carbonate of potassa is to dissolve out two substances noticed by Brandes, and called by him brown substance extracted by potash, and nitrogenous substance extracted by potash. Ether and alcohol I supposed would dissolve the volatile oil and resin, and the presence of the alkali in the watery infusion prevents its subsequent precipitation. Water, according to the same chemist, dissolves the bitter extractive, or what he terms diosmin, which he says is insoluble in alcohol and ether but soluble in water. I found an advantage in adding a portion of the carbonate of potassa with the leaves while macerating, for I think it prevents the deposition of any resinous matter on the sides of the vessel during the evaporation, which otherwise takes place, producing some loss. The addition of alcohol to the water in the proportion of one-fourth its bulk, was done from the fact that many vegetable substances are more easily percolated when the acting menstruum contains a little alcohol, and the above proportions have been found to answer very well in practice. Some addition of this kind was rendered necessary on account of the mucilaginous nature of the plant in question, which, otherwise, is ineligible for the process of displacement, as it takes place very slowly, requiring much time to perfect it. During the evaporation of the alcoholic and watery extract a semi-fluid matter separates on the top, it has the consistence of coagulated albumen, is of a dark green color and scarcely any odor, it does not redissolve in the liquid from which it separates. It dissolves slightly in cold and boiling water, is less soluble in cold and boiling alcohol, and entirely insoluble in ether. The watery solution of this was of a yellowish brown color; sulphuric acid changes it to a reddish brown, solution of sub-acetate of lead threw down a copious greenish white precipitate, tannin produced no change; when dry it is brittle, and swells up when macerated in cold water for a length of time, and finally dissolves.

The dose of this fluid extract is from one-half to one fluid dram, to be repeated as circumstances require, for one fluid ounce of extract represents an ounce of the leaves. In a case that came under my notice of an affection of the kidneys, it was used in teaspoonful doses three or four times a day, and at the end of one day the patient experienced considerable relief and has continued to use it ever since on a return of the complaint. The following is a statement of another case of Dr. O. H. Taylor's of Camden, N. J., to whom I presented some of the fluid extract for trial. He says in his letter to me, dated Nov. 4th, 1853: "In the month of July last, I was requested to visit Capt. D*** B****, aged 84 years. At the time of my visit he was suffering from a painful and irritable state of the bladder, with frequent disposition to micturition, and occasionally an inability to pass water for several hours; this alternate state had existed with him, more or less, for two or three years. From the history of his case, I have been led to the impression that irritable condition of the bladder was induced sympathetically by functional disease of the kidneys, and partly connected with a morbid condition of the prostate gland and surrounding parts. Whatever may have been the pathological condition of the parts throughout in the case, it will be sufficient for me on the present occasion to say, that notwithstanding my having resorted t the usual diuretics and other remedial agents without the success I desired, I was, through your suggestion, induced to make trial of th fluid extract of buchu. I directed a fluid dram to be given three c four times daily. This course was continued until my patient had taken five or six fluid ounces. The relief was gradual from day to day until the patient was finally relieved. Capt. B***** assures me tha he considers himself effectually relieved, insomuch as he has up to the present time had no return of his distressing symptoms." Befor closing this thesis I would briefly state the advantages which I conceive the fluid extract above proposed possesses over any other preparation of buchu.

In using infusion of buchu more or less of the volatile oil is unavoidably dissipated, and the resinous matter probably nearly all left behind undissolved. This objection applies with even greater force to the home-made infusion often ignorantly prepared, and still more to the solid extract, which must be nearly inert. The tincture of buchu probably contains most of the active matter, but has the stimulant and irritating properties of a large proportion of alcohol to a very small proportion of the remedial agent. Neither of the fluid extracts which have been already put before the public appear to me to possess to so great a degree as the one I have above proposed the sensible and active properties of the buchu, and one of them in particular seems very deficient herein. On the other hand this fluid extract has the volatile oil and resinous matter taken up by the ether and alcohol, with sufficient carbonate of potassa to retain them in solution afterwards, and the bitter extractive of Brandes with the brown substance and nitrogenous substance mentioned by him, taken up and retained by the alcoholized water holding the carbonate of potassa in solution. At the same time the quantity of this alkaline salt in each dose of the extract is so small as not to be likely to interfere with the remedial effects of the medicine, but on the contrary it is believed will be found to be a useful adjunct to the diuretic property.—*American Journal of Pharmacy*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, FEBRUARY, 1855.

A NEW YEAR AND A NEW VOLUME.—We are happy to greet our readers after an unavoidable delay and to commence the fifth volume of the Journal under more promising circumstances than ever before.

We are thankful that our efforts to establish a monthly Journal in New-England are appreciated, and most by those whose approbation is of greatest value.

We have little to say in the way of pledges for the future, but can safely promise that the Journal shall be as independent as heretofore, and in these subservient times this is of some account.

That our course has excited the hostility of some and the apprehensions of others we are well aware, but having the consciousness of having written nothing from malice, but always for the best good of the profession, we have nothing to regret and would not abate a single letter of anything we have said for or against any man or matter which has come under our observation—and will take this occasion to say that whenever we see any man, or men, stoop from the dignity of the true physician—and in pursuit of money or a temporary notoriety degrade their profession, we shall not allow any private friendship or dread of their ill will to prevent our speaking of them and their conduct as it may deserve.

Having received the promise of assistance from some able members of the profession, both in this and the neighboring States, we can safely promise that the original department shall be improved, and whatever room we may have to spare shall be filled with the choicest selections from American and Foreign Medical Literature.

And we may venture to express our wish that our readers generally would send us reports of such cases of interest as may come under their observation, for it is through these cases that we get true ideas of the state of the profession throughout the country.

One more request. We wish all to remember that our terms are payment in advance, and that he who delays payment for the year is depriving us of our just due, he is at least cheating us out of the interest on the money, to say nothing of the risks and losses consequent to delay.

NATURE IN DISEASE AND OTHER WRITINGS. By JACOB BIGELOW, M. D. *Boston*: *Published by* TICKNOR & FIELDS, pp. 391. This book consists of seventeen short Essays and Discourses upon subjects interesting to medical men;—Discourses delivered before the Massachusetts Medical Society, the Medical Class of the Massachusetts Medical College, the Boston Society for the promotion of Useful Knowledge, and other Essays upon professional subjects, called forth by various occurrences, and is well worthy of perusal by every intelligent physician.

NOTES ON M. BERNARD'S LECTURES ON THE BLOOD; WITH AN APPENDIX. By WALTER F. ATLEE, M. D. *Philadelphia*: *Published by* LIPPINCOTT, GRAMBO & Co., pp. 224. If it is important for a Physician to know anything of the Blood it is equally important that he keep "posted up" in all that is discovered of the Physiology of this vital fluid. M. Bernard is one of the most eminent living Physiologists, and Dr. Atlee is deserving the thanks of the Profession in this country for having brought this work, (containing the latest discoveries,) to their reach. The Appendix contains M. Robin's account of the blood Globules which differs in some particulars from what is said of them by M. Bernard.

DISEASES OF SEAMEN, &c. By G. R. B. HORNER, M. D. *Philadelphia*: *Published by* LIPPINCOTT, GRAMBO & Co., pp. 251. This book, as its title denotes, is intended especially for the use of those concerned in the Naval and Mercantile Marine service. Dr. Horner is one of the most intelligent Surgeons of the Navy and anything which comes from his pen is of value to every person concerned in enlisting seamen, and in their Medical and Surgical treatment while in the service. This book is especially valuable to candidates for appointment as Assistant Surgeons in the Navy, as it gives them true ideas of the sort of life they may expect and the preparation necessary to success.

HOSPITALS FOR THE INSANE. Dr. THOMAS S. KIRKBRIDE, the accomplished physician to the Pennsylvania Hospital for the Insane, has written an Essay "On the Construction, Organization, and General Arrangements of Hospitals for the Insane," which is just issued from the press of Lindsay and Blakiston, Philadelphia. No man in this country can be better qualified to do justice to this important subject than Dr. K. This work of 80 pages contains plans and specifications for constructing Hospitals with all the improvements which experience has proved to be advantageous in the treatment of this class of diseases.

TRANSACTIONS OF THE NEW-HAMPSHIRE MEDICAL SOCIETY. On its "Sixty-Fourth Anniversary" the New-Hampshire Medical Society, to the consternation of "old fogies" and the delight of "young physic" took a move right ahead, and as a result, we have before us its published "Transactions," containing a list of its officers for the current year, the minutes of its proceedings, the Annual Address of the President, ALBERT SMITH, M. D., on "Conservatism in Medicine," an Oration by ANDREW MCFARLAND, M. D., on "The Poetry of the Medical Profession," a Dissertation read by W. H. H. MASON, M. D., on "The necessity of a Knowledge of the Chemical Changes which take place in the Human Body in a state of disease," and an appendix containing some account of the escape of DR. SANBORN, at Norwalk, Conn., a very brief sketch of Dr. JOSIAH BARTLETT, who perished on that occasion—and extracts from a lecture of JOEL PARKER, L.L. D., on "The rights and liabilities of the Physician and Surgeon."

We have not leisure at this time to enter into a minute examination of this first attempt of our State Society at "Transactions," neither is it necessary; we consider it creditable to the Society and to the State, and hope it is but the precursor of many more of a like character.

AMERICAN PHARMACEUTICAL ASSOCIATION. This Association held its annual meeting in Cincinnati on the 25th and 26th of July, and we have before us the "Proceedings," including the record of its meetings; an "Address to the Pharmaceutists of the United States," and reports from the several special committees on several subjects connected with practical Pharmacy.

The "address" is a plain, common sense document, and if its suggestions were carried out even by the members of the Association we think there would be a decided advance in the right direction.

The following prizes are offered by the Association:

"1.—*Twenty-three volumes of the American Journal of Pharmacy.*

For the best Essay which shall develope the commercial history of all drugs indigenous to the United States, as Senega, Spigelia, Serpentaria, &c., as regards the manner and places of their collection and preparation for the supply of commerce, the amount annually collected and the channels through which they enter general commerce.

2.—*Six volumes Gmelin's Hand Book of Chemistry.*

For the best Essay on the question—Do Hyoscyamus, Belladonna, and Conium, grown in the United States, contain their active principles in the same proportion as the European grown plants.

Committee of Judges.—Daniel B. Smith, Dr. David Stewart, John Meakim.

☞ All Essays contributed for the Prizes must be delivered free of charge to Daniel B. Smith, of Germantown, Philadelphia, on or before the second Tuesday in August, 1855."

"Is the Practice of Medicine based on Science?" Is a question ably answered by our friend Edward H. Parker, M. D., in a lecture introductory to the session of the "New-York Medical College," delivered Oct. 18, 1854.

The quibbling and insulting queries of the ignorant and impertinent, who are continually clamoring about the uncertainty of medicine, are met and fairly answered by one who is well fitted for the task, and although we cannot expect the long-eared gentry to be convinced, yet every honest-minded person must have renewed confidence in Medicine as a Science after a perusal of this lecture.

Eighteenth Annual Report of the Directors and Superintendent of the Vermont Asylum for the Insane. We are indebted to Dr. W. H. Rockwell for a copy of this report. It is a genuine Yankee document as the reports of the State "Commissioner for the Insane," the "Trustees" and the "Physician and Superintendent" are all contained in eleven small octavo pages, which we would gladly transfer entire but must rest content with a single extract:

"We endeavor, as far as we are able, to employ the minds of the patients on other subjects than those of their delusions. Useful employment has the most beneficial effect. It is a pleasant subject of reflection to all who are capable of reflection, that they have been useful to any one. Amusements will also divert the mind from its delusions. It is best to combine labor and amusement when practicable. We endeavor to employ all of the patients according to their former education, habits and taste.

Each year's experience confirms us in our belief of the importance of the farm connected with the institution. It not only furnishes valuable supplies, but also affords employment in the open air for a large class of our male patients and becomes one of the most important means of their recovery."

Successful Treatment of Acute Rheumatism by the Acetate of Potass. By Dr. Golding Bird. In the last number of the Journal we alluded to Dr. Bird's interesting remarks on renal depurants; and here we have merely to present our readers with the same author's experience in regard to the treatment of acute rheumatism by *one* of that class of remedies, namely the acetate of potass. On this point Dr. Bird uses very strong language, affirming, that he has never seen the disease in question yield with so much facility to any other remedy. In the several cases in hospital practice under his own care, Dr. Bird has seen the cure to be more rapid, and the immediate relief to the patient more marked, by the use of acetate of potass in quantities of half an ounce administered, largely diluted, in divided doses in twenty-four hours, than by any other treatment. In three days he has frequently found the exquisite pain of the joints nearly absent, the patient comparatively comfortable, and able to bear with greater ease the helpless state in which the still swollen joints placed him. In no case have any bad consequences succeeded the employment of the remedy, while complete recovery has been more expeditious, and the ill effects of colchium and mercury have been avoided. The most interesting and no less important fact has been noted by Dr. Bird in his experiments with this salt, namely, that the pain of the disease remarkably declines so soon as the urine becomes alkaline and rises in specific gravity; and he further records his impression, that the tendency to affections of the heart is very much lessened after the alkalinity of the urine has been established.

Dr. Bird's experience of the efficacy of the acetate of potass in the treatment of acute rheumatism has been derived from a large number of cases. The only adjuvants he has employed have been a mercurial laxative, if constipation existed, and a full dose of Dover's powder on the first day or two of treatment, if the pains be severe; the joints being wrapped in sheets of wadding, a plan the author has followed since he experienced in his own person the comfort it affords. —*Urinarg Deposits*, 4th edition.

ON THE RESPECTIVE OFFICES OF THE MINUTE BILIARY DUCTS AND THE CELL OF THE PARENCHYMA OF THE LIVER. Dr. C. HANDFIELD JONES has communicated to the Royal Society of London a paper on the liver, supplemental to a former communication presented to the Society in 1847.

The chief purpose of the paper is to point out what he conceives to be the separate offices of the hepatic cells and the minute biliary ducts. Our space will not permit us to give more than his chief conclusions, along with a few of the more general grounds on which these rest.

His chief conclusion is that the bile—that is bile in its complete and perfect state—is not formed in the cells of the parenchyma of the liver. He regards these cells as having a separate office in the animal economy, connected with the preparation of material for the function of respiration. His next great conclusion is that the bile is formed in the minute bile-ducts; that these minute bile-ducts have no communication with the cells of the parenchyma, but that when they are traced to their origin within the mass of the liver their extremities are found to be closed. Hence, that even if the bile were produced within the cells of the parenchyma, there is no channel by which it could make its way into the minute ducts.

He regards then the cells of the parenchyma as representing a ductless gland, like the suprarenal capsule, allowing its product to return to the blood from which it has just been elaborated, while he infers that product to be chiefly sugar, which, returning into the circulating fluid, probably undergoes farther changes before, in the process of respiration, it passed into carbonic acid. He further considers the certainty of the constant production of sugar in the cells of the hepatic parenchyma as a strong *prima facie* evidence that the bile-secreting function belongs to another apparatus associated with it, namely, that of the excretory biliary ducts.

"The hepatic cells," he says, "differ in several particulars from the cells of other glands; they are more perfectly formed, of more permanent aspect; they are not disposed as a lining to tubes of homogeneous membrane, but in series which tend more or less to plexiformity, and are apparently distant from any free surface open to the exterior. I consider them, therefore, to form a *parenchyma*, and not an epithelium. Their peculiarly intimate relation to the blood capillaries seems to indicate, as I suggested in my former paper, that they serve as repositories for certain matters absorbed by the blood from the chyme as it passes over the intestinal surface; these matters, are, however, doubtless altered by the recipient cells and converted into sugar, perhaps also into oil or biliary matter." By biliary matter, Dr. Jones here understands, it would seem, merely the coloring matter of bile. The proof that sugar is made in the liver, most insisted on by Dr. Jones, is that it is not found in the blood entering the liver by the vena portæ, while it exists in very large quantity in the blood passing out by the hepatic vein.

Dr. Jones insists on the small amount of ramification presented by the minute bile-ducts, and on the little relation they hold to the walls of the parenchyma; he says also that these minute tubes are not, like tubes of mere conveyance, free in their cavity, but filled with epithelium, while the larger ducts are interiorly quite smooth.—*Edinburg Medical and Surgical Journal.*

ON A PECULIAR FORM OF MALIGNANT INFLAMMATION OF THE LIPS AND FACE, RESEMBLING MALIGNANT PUSTULE. By W. PARKER, M.D., Professor of Surgery in the College of Physicians and Surgeons, New York.

There have come under my observation, within a recent period, several cases of a peculiar form of inflammation of the lips and face, which resembles somewhat phlegmonous erysipelas, but more strikingly, especially in its commencement, malignant pustule, and, in its subsequent progress, carbuncle. It, however, differs from these affections in some essential particulars, which will be noticed after giving the details of the following cases, which illustrate the peculiarity of this form of disease.

Case 1.—I first saw this patient on the 18th of last December. He was a young man, aged 23, merchant, of good character, temperate habits, and in the previous enjoyment of good health. About a week before I visited him, a small pustule made its appearance upon the central portion of the lower lip, just below the edge of the vermillion border. It became painful, had a livid areola, gradually but slowly enlarged, and finally broke and began to discharge. The pain increased, and the swelling extended downwards upon the chin. At my first visit, about this period, the tumefaction had reached as low as the os hyoides, and had extended over the right side of the face to the head; it was hard to the feel, of a livid color, insensible, and had now much the appearance of a carbuncle. The lips were greatly tumefied, everted; gums swollen, and of the same livid color; tongue moist; inside of mouth unaffected; ptyalism considerable. The lower lip, about the seat of the original pustule, appeared gangrenous. The pulse was 120, rapid and feeble, respiration unaffected. He was able to get up and sit in the chair, but was suffering from great depression of the vital powers. The course pursued consisted of deep scarifications of the lips and yeast poultices to the swelling, and stimulants to sustain the general system. The swelling continued to extend, involving successively the neck, face, and finally the head. He died on the following day, the 19th, late in the evening.

Case 2.—I visited on the 15th of January, a patient, aged 45, merchant, suffering from what appeared to be a carbuncle of the under lip. He was of a good constitution, temperate habits, and in the enjoyment of good health, previous to the present attack. Four days before I saw him, he was supposed to have cut the lower lip slightly, and applied to it arnica. The inflammation commenced at this point, the lip swelled largely, became everted, had a livid color, was tender, hard, and the seat of a burning pain. At several points there were small sloughy apertures, discharging thin pus. The constitutional symptoms were considerable, but not sufficient to confine him to his room. The treatment consisted of free incision and yeast poultices to the lip, and sustaining remedies for the general system. Portions of the lip sloughed, but he recovered.

CASE 3.—Mr. W., aged 26, married, furniture dealer, of good habits, and hitherto perfect health, discovered a small pustule on the under lip near the right angle of the mouth, on the second of April. It was tender on pressure and had a hard base, but attracted no other attention. During night the disease extended considerably, involving the whole lid, and the right side of the face in a hard, livid and painful swelling. On the evening of the second day his physician first saw him, and found the lip greatly swollen, of a livid color, and the seat of a burning pain. He scarified the parts for the purpose of local depletion, and also applied leeches. The swelling continued to extend, involving the right side of the neck and face to a great extent. I saw him on the 7th, at 11 A. M. His symptoms were then most unfavorable, pulse 130 per minute, intermittent every seventh or eighth beat, weak and small; respiration rapid, moaning; skin warm and moist; urine free; pupils much dilated; mind clear. He complained of oppression about the chest, and had not been able to obtain sleep. Both lips were involved in the swelling; were hard, livid, and insensible; the whole side of the neck and face was similarly affected, the eye being nearly closed. The frontal vein was livid, red, and prominent, and the veins of the cheek were also visible as if distended. The treatment consisted of deep scarifications of the lips, and yeast poultitices to the part, with anodynes and stimulants. I visited him again at six o'clock, P. M., and found him rapidly failing; treatment of no service. He died the same evening.

CASE 4.—I was called, April 10, to see Miss S., aged 30, occupied as a governess, of good constitution, whom I found laboring under the same difficulty as in the preceding case. Her history was almost precisely similar. Five days before, while in the possession of apparently perfect health, she first observed a small pustule on the lower lip, just below the red line of mucous membrane; it was regarded as a small boil, and no attention paid to it. On the following day the pustule had enlarged somewhat, was hard, and had a livid areola, but she continued about her employment; she spent a feverish, restless night, and on the next day called her physician. The disease gradually extended, assuming the appearances already noticed, and for two days no danger was apprehended. Her symptoms now became much more unfavorable, and at this period I first saw her. She was lying in bed quite insensible; deglutition difficult; respiration laborious; right side of body paralyzed; lips large, everted, and cold; right side of face, neck and forehead swollen like the lip, hard and purple; right eye protruded; pupils dilated and insensible. On making an incision into the lip, the cellular substance was found filled with small deposits of pus, which were forced out on slight pressure, As she was moribund, treatment was of no avail.

From the history of the foregoing cases it is evident that this disease differs from erysipelas, for which it has in several instances been mistaken in its origin in a pustule, without a chill or other constitutional disturbance, the hardness of the swelling, its purple or livid color, insensibility, and absence of much pain. It differs from carbuncle, which in some features it resembles in the class of individuals which it attacks—they being young, temperate, of sound constitution, and in the previous enjoyment of good health—and in its rapidly fatal course. Carbuncle, on the contrary, occurs by preference in persons enfeebled by age or vicious habits. It differs again from true malignant pustule, to which in its origin it seems allied, by attacking persons who have not been affected by poisonous wounds, or who have been liable to the introduction of animal poisons into the system.

This disease would therefore seem to be peculiar, having many points of resemblance to other similar affections, but still not so closely allied to any one to warrant its classification under the same head, In every instance which has come under my observation, the pustule has been seated upon the lower lip, and from this point the inflammation has spread. In a fatal case related to me by a physician, in whose practice it recently occurred, the pustule was seated upon the side of the nose.

Although the nature and progress of the disease shew a vitiated taste of the system, in no instance have I been able to trace the attack to the contact of poisonous matter, or its reception into the system in the food or drink. In every instance the patient has been in the enjoyment of good health, and the progress of the disease, though rapid, has excited so little local and general disturbance as not to excite alarm until a short time before its fatal termination. The general symptoms are of a typhoid character, the vital powers being evidently depressed either by the influence of the disease itself, or, which is which is more probable, the cause upon which the development of the disease depends.—*New-York Journal of Medicine.*

CONDENSED SUMMARY.

Excision of the Cervix and Uterus.—A case of cauliflower excresence is reported in Dublin, which was removed by excision of the cervix. A ligature was applied as high up as possible, by means of Gooch's double canula. The succeeding day the ligature was tightened. The next day the ligature, on a further attempt to tighten it, gave way. The next day afterwards, the whole was cut away, with hemorrhage, with a blunt-pointed scissors, curved on the flat. The actual cautery was twice applied, the passage kept open by introducing a sound, and the woman speedily recovered. Dr. Giddings, of S. C., reports a case of inverted uterus, of some 18 or 20 years' standing, which he removed in the following manner: "I seized the neck of the tumor, as high up as possible, between the thumb and index finger, and manipulating in such a manner as to satisfy myself that it contained none of the convolutions of the intestines, I proceeded to include it in a strong ligature, for the two-fold purpose of preventing the protrusion of the intestines, and obviating any serious hemorrhage. The neck of the tumor was then cut through, a little below the ligature, with a single swipe of a probe-pointed bistoury. The operation was exceedingly simple and easy; was attended by no great pain; and, as may be supposed, was executed in a few seconds. She speedily recovered." These excisions and extirpations of the uterus, have been safely practiced in so many instances, as to justify these operations in many cases of uterine disorder and displacement, which are apt to be considered incurable.

Iodine. This remedy bids fair to exceed all others in the diversity of its uses. Dr. Hall, of Illinois, reports favorably of it in continued fever. He gave it in one case on the seventh day, after the usual remedies, and the abortive method had failed to arrest the febrile symptoms. In two days the fever was broken. In another case he gave it after sordes had collected on the teeth, tongue dry and fissured, with diarrhœa, with constant improvement, and rapid recovery. He met with similar results in four other cases, but not in all that were treated. He thinks the iodine throat-wash which we have so often recommended to the attention of the profession, acts as well and often better than the nitrate of silver. In acute tonsilitis it will be found, he thinks, to be more prompt in arresting the inflammatory process, than almost any other remedy. He has used iodine in pneumonia also, and says, it has tended powerfully and promptly towards producing an amelioration of the symptoms, and a resolution of the inflammation; relieving cough, dyspnœa, and heat of surface. The only formula he gives is, two grains of iodine and six grains of iodide of potassium, in an ounce of water; of which he gives fifteen drops every two hours. As a topical application to the throat, he uses our formula, viz: iodide of potassium, one drachm; iodine, half a dram; sugar and gum arabic, each two drachms; water, one ounce; M. Apply with a hair pencil. This has been uniformly approved, not only in pharyngitis and laryngitis, but also in croup and hooping cough.

Spasm of the Stomach. In the New-Jersey Medical Reporter, Dr. Wm. Johnson publishes an interesting article on this disease which he says may arise from indigestible substances; too great repletion; translation of gout and rheumatism; large draughts of cold water while the body is heated, and the excessive generation of flatus. It is the more likely to be mistaken for gastritis from the fact that extreme tenderness attends it; but spasm attends its climax with great rapidity, and idiopathic gastritis is an exceedingly rare disease. Watson never saw a case, nor has the author. Louis did not meet with a single case of the disease in 6,000 patients and 500 dissections. The rarity of gastritis, considering the exposure of the stomach to extraneous influences, and its great liability to other derangements, is very remarkable. The only cases we have seen, in thirty-five years observation in the Southern States, excepting two or three cases of poisoning, were those connected with yellow fever. It is the distinctive local lesion in this fever, and the principal cause of its great mortality.

The author of this essay recommends emetics for the relief of cramp from excessive repletion, giving preference to the sulphate of zinc and ipechacuanha, over all others. He found immediate relief to follow in several severe cases, from this cause, from the sulphate of zinc in scruple doses; but he considers a large sinapism over the epigastrium as a *sine qua non* in all cases. When the cramp is caused by cold water he recommends warm drink, opium, and particularly chloroform. Of the internal use of this remedy, he says, he considers it as one of the most important revelations, which science has made to suffering humanity; and that it stands forth preëminent for its anti-spasmodic powers. In all cases of cramp in the stomach, arising from other causes than repletion, it is the remedy in which he has most confidence. In his varied experience, he does not appear to have tried the use of magnesia and other antacid remedies for cramp in the stomach.

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THE

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(For the N. H. Journal of Medicine.)

INVOLUNTARY SEMINAL DISCHARGES.

Since the reading of our paper on Involuntary Seminal Discharges, before the "Boston Society for Medical Observation," and published in the Boston Medical and Surgical Journal, Vol. XLIX, No. 22, farther experience in many cases has entirely confirmed the opinions therein expressed. In addition, we have the satisfaction of knowing that our views upon the subject have been received with marked approbation by many of the profession. In a letter communicated to us soon after the publication of the paper in question, our oldest and most esteemed practitioner says, "Since I had experience enough to form an opinion, I have been satisfied that the alarming statements and consequent anxiety on this subject were groundless. That there are cases which would ordinarily come under this head of a severe character and really injurious, is true, but these are very rare. I could almost count all such cases upon my fingers, after the experience of more than half a century.

In common cases, I say to the patient that matrimony is the remedy. Illicit indulgences are not the same thing. They are usually irregular and often excessive. In quiet, domestic life, *usually*, the indulgences are not more than can be borne, after the early periods."

The importance of this subject, affecting, as it does, to a greater or less extent, the happiness and peace of mind of so many young men not only in our cities but also in our country towns, who get erroneous impressions from perusing the publications and advertisements of charlatans so widely circulated, has induced us to ask the favor of a place in your journal for our paper, with some trifling additions made since its first publication.

We may venture to say that there is not a medical practitioner among us who is not sometimes consulted by individuals who suppose themselves to be suffering both mental and bodily derangement from involuntary seminal discharges, occurring more or less frequently. In the great majority of these cases, it is found that these discharges occur during the night, whilst the individual is asleep, and that they are preceded by erections excited during lascivious dreams. Cases of this description are extremely common, and are generally classed by medical practitioners and writers under the term spermatorrhœa. Our object in preparing the present article, is to attempt to show that these cases, as they are commonly presented to our notice, do not merit the importance which has been given them, and that they should b considere d as entirely separate and distinct from what may be strictly termed spermatorrhœa (although they may sometimes lead to this,) an affection, which, as described by medical authors, we conceive to be extremely rare among us. Sufficient, it is true, has been written upon spermatorrhœa, but the exaggerated descriptions therein given do not answer to the cases of simple involuntary seminal emissions which are so often presented to the notice of the practitioner here, and which he is called upon to treat.

We fully agree with Robley Dunglison, who has written a most practical and sensible article upon the present subject, in the Cyclopœdia of Practical Medicine, that there can be no greater evil to the economy from a flow of semen accompanied by venereal desire without sexual intercourse, than with it. There can be no doubt that an excessive secretion of semen, in whatever way it may be induced, may have an injurious effect upon the system, but we cannot for a moment believe in the long category of complaints which have been attributed to this as a cause.

Involuntary seminal discharges occurring during sleep in young, robust and continent subjects, constitute a class of cases which are almost daily presented to our notice. It is very rare, in fact, judging from our experience, to meet with a young man of vigorous health who does not experience these emissions more or less frequently, particularly if he be continent. And why, we ask, should this be considered as constituting a morbid condition, or as contrary to the laws of nature?

The secretion of semen, although it is, like other secretions, very much under the control of the nervous system, and therefore increased according as the mind is directed towards objects which awaken sexual feelings, must still in a measure be constantly going on under all circumstances. Consequently the presence of an undue amount of sperm in the vesiculæ seminales (which are truly reservoirs according to the best authorities of the present day) if not got rid of by sexual intercourse, must produce an excitement in those organs during sleep, which excitement is appreciated by the brain giving rise to voluptuous dreams, during which the seminal discharges take place. Even granting the opinions entertained by many physiologists, that absorption of the semen takes place, and that it is necessary for the regular maintenance of nearly all our functions, yet we may easily suppose that this absorption is not the same under all circumstances, and that the supply may exceed the demand, particularly in the young, robust and continent individual.

We can scarcely, then, consider moderate involuntary seminal discharges, occurring during sleep, accompanied by lascivious dreams and erections, as constituting a morbid condition. In proof of this, we may say, that there are many individuals who have had even frequent seminal emissions for a long period without experiencing the slightest inconvenience from them, and without ever even giving them a passing thought, until their eyes fell upon the advertisement of some empiric who has set forth the horrors and dangers to be expected from a similar condition. But from this moment there is no more rest for these poor beings, who constitute a class, which, with Ricord, we may term "veritable spermatophobists, men who are tormented, hypchondriacal, dejected, and in whom the cauterization of the neck of the bladder does not always succeed in curing the brain."

It may be asked, then, to what extent these seminal discharges may take place without actually producing any morbid effects upon the system. In answer, we must say, that this depends upon circumstances, upon the peculiar temperament of the individual, upon his diathesis, &c. In the healthy and continent subject, we again remark that they exert a beneficial effect upon the economy, by freeing it from a source of excitement, and that unless they occur more than once in a night and oftener than once or twice a week, they can scarcely be said to constitute a pathological condition. We have seen patients who have actually thrived and grown stout and hearty, in whom these discharges occurred almost every night.

What the pathological condition of the vesiculæ seminales and of the ejaculatory ducts may be in this class of cases, we have comparatively few means of judging. When a patient dies, in whom these discharges have taken place, the attention at the autopsy is drawn to some other more serious affection, which has been the cause of death, so that the examination of the spermatic organs is almost always neglected. Even in the severest forms of spermatorrhœa, few observations have been made upon the condition of these organs after death, owing chiefly to the amount of care and patience necessary, and to the mutilation requisite to arrive at a proper inspection of the parts, which we cannot well make upon a subject in private practice; and such cases rarely die in hospitals. Where examinations have been made, however, more or less sub-acute inflammation has been discovered in the membranous and prostatic portions of the urethra, and in the ejaculatory ducts—the result, generally speaking, of lesions produced by excessive venery, or masturbation. This is what we might expect.

Involuntary seminal emissions may and do occur in the robust and continent, without any decided cause beyond what we have stated, viz: a certain plethora of the seminal vesicles; but in the majority of cases, upon inquiry we *do* find that their too frequent occurrence is attributable to masturbation, to excessive sexual indulgence, or to effects produced by gonorrhœa—and occasionally to strictures of the urethra. We are inclined to doubt the efficacy of certain other causes which have been supposed to be productive of these discharges, such as the metastasis of old cutaneous eruptions, hemorrhoids, ascarides, horse-exercise, and the use of certain medicaments, unless there is also present a certain amount of morbid irritability in the urethra.

The general effects ascribed to even moderate involuntary emissions are various, and greatly exaggerated, nay even fabulous. There is scarce a function in the body which has not been described as becoming perverted by this cause. However it may be, we must confess that there seems to be a certain relation between these discharges and the mental powers, for we find that patients who experience them are generally more or less misanthropic, hypochondriacal, agitated, and unable to apply themselves to any fixed pursuit. We know that this cannot be the effect of a moderate loss of the seminal fluid, however much it may be the result of *excessive* losses, and therefore are we not to look for the cause elsewhere; in the perusal of certain books, reputed to be medical—the reading of the advertisements of the charlatan, which disgrace so many of our daily newspapers—and in the fondness for conversation upon such topics, always existing in youth? Experience shows us this; we never find that one of these patients comes to us, who, upon inquiry, does not confess that he has read more or less upon the subject of seminal emissions. In the majority of these cases relieve the imagination, and the cure is more than half effected.

In our treatment of simple involuntary discharges, such as we have described, we must act upon the *morale* of the patient, assuring him that the fears of future impotency and insanity which have held possession of his brain are without foundation—that what he has read upon the subject is but the artifice of the quack. To quiet the fears of the "spermatophobist" is to be our first endeavor. Advise him to read no more upon the subject of his fancied complaint, to abandon all vicious habits and erotic ideas as far as possible, and to employ his mind in some engaging pursuit. Above all, assure him that these discharges do not constitute a "drain upon the system," but rather depend upon an excess of sperm, and that if they do occur occasionally they do no serious harm.

Cold bathing, particularly local, in those cases *where a plethoric condition is not manifest*; regular exercise in the open air; attention to diet, and regularity of the bowels; in most cases avoidance of stimulants generally, particularly in the evening, care to empty the bladder before going to bed; avoidance of late suppers; sleeping upon a matrass, with as little clothing as possible to be comfortable; rising at the moment of waking in the morning (for the emissions occur in almost every case at that time); such constitute the most important means by which we are to aid the patient in arresting the too frequent occurrence of these discharges.

With regard to the efficacy of certain drugs in these cases, we must confess that we put little faith in their virtues. There are cases where tonics, ferruginous preparations, &c. are no doubt valuable; but we think that sedatives are more generally useful. Benefit has been derived from Lupuline administered either alone or in combination with ergot, either in pill or powder, at the dose of from gr. iv. to vj., two or three times per diem. We have given a scruple of Lupuline in powder on going to bed with excellent results. It should be continued for two or three weeks. We have also derived advantage from ext. hyoscyami.

We are inclined to think that some simple medicine should be given in all cases, even where the discharges occur very rarely. The "spermatophobist" must and will have something for his supposed troubles, and if you gratify his whims, it serves to occupy his attention, he feels that he is working out his cure, and that you take an interest in his particular case. Any more active treatment than what we have mentioned is rarely necessary in the class of cases to which we are alluding. Possibly a slight cauterization might be sometimes admissible, or the simple passage of a bougie two or three times a week for the purpose of overcoming any irritability of the urethra. Of course, if stricture should be the cause of the emissions, it should be overcome.

As to the mechanical contrivances which have lately been brought before the public for the cure of seminal emissions; we must say, after considerable experience, that they have failed to answer the purpose intended. They cause too much irritation in the parts and in many cases doubtless augment the evil.

If our patient contemplate entering upon married life, we should certainly encourage it, and moreover at as early a period as possible.

Such we consider to be the value and importance of a class of cases as they are presented to the notice of our practitioners; cases which, we repeat, in no wise, answer to the description of spermatorrhœa, as given by medical writers, and with which they should not be classed.

We do not deny but that true cases of the milder forms of spermatorrhœa may be sometimes met with among us. So much of our article as relates to spermatorrhœa, we may be induced to communicate at a future period.

D. D. SLADE.

5½, *Beacon Street, Jan.* 1855.

(For the N. H. Journal of Medicine.)

MEDICAL INSTRUCTION IN NEW-YORK.

NEW-YORK CITY, Jan. 24th, 1854.

MR. EDITOR:—The middle point of the long winter sessions of our city schools is fairly passed and the term is waning. The "unfledged" graduates of our classes look with as much solicitude as did Julius Cæsar to the "Ides of March" and all their leisure hours and the intervals between lectures are zealously occupied in what the English students call "cramming for examination." The tide of students has not set so strongly towards New-York the present as in former years. The number at the Crosby Street school and the University has fallen much below that of last year, while at the New-York Medical College (in 13th St.,) the last candidate for public medical favor, the number has increased in the ratio of more than fifty per cent. over the previous session. At the University, if we may credit their own statements they have a class of three or four hundred, if we take public rumor, however, we shall allow them not over two hundred and fifty. The class at the University is made up largely of Southern students, the West and Northwest furnishing a small proportion and New-England a "bare sprinkling." You would recognize them by their *abandon* manner of dress and conversation, and professions of a high, chivalric sense of honor, in whom if the era of chivalry were to come again, that fine old system would find officious champions. They are a class of students who wear jaunty "caps," or "shocking hats," flourish slender sticks, who chew much, smoke much, (how many medical students do not?) who read the "Sun," "Herald," and "Police Gazette" as regularly and religiously as my uncle a worthy deacon in the country reads his Bible of a Sunday morning, who are, in a word the *fast* men of a *fast* city and age. The appointment of Dr. METCALF to succeed the late Dr. SWETT, which was at first received with some wry faces, has now come to be a grateful fact. I learn from those who know him that he is liberally qualified for his position and that his attainments in Auscultation are of a high order. His style as a lecturer is plain, simple, straightforward, without show or display; in these points he quite resembles Dr. PEASLEE of the 13th street school, though his inferior in point of scholarly acquirements and ability. I have twice been to Professor BEDFORD's cliniques at this school. I had heard what I might expect but did not anticipate so much entertainment. The marked feature of these cliniques is the Professor himself. I have been to Barnum's and to Burton's but must say in all sincerity that the balance in way of amusement turns unequivocally in the Professor's favor. A kind of mock professional dignity, inuendos, and not rarely, unblushing vulgarities seem most especially to characterize these obstetric cliniques of which one hears so much. You no doubt saw Dr. MOTT's letter about a certain "hybrid, bear woman," exhibiting somewhere in the city. All similar curiosities, and monstrosities which may hereafter need like attentions need only apply to the same source it is said, to receive them *gratis*. On this wise Dr. REESE in the next number of his journal promises us something *apropos*. Of the University one other item and then enough. *On dit*, being impressed with the conviction that the new opera house, a magnificent structure, erected the past season in 14th Street, must inevitably prove a failure, the Faculty of the University confidently hope to purchase the same for the moderate (?) consideration of a few hundred thousand dollars and turn it into a *hospital*. The proximity to the "Academy of Music" would render this a very feasible project and the expense would be but a small burden and doubtless easily liquidated. Professor DRAPER, the "*dulce decus*" of the University is at present giving some fine lectures on the chemistry of physiology and the forces of life usually termed vital.

At the Crosby Street school, medical matters go on in their usual, dignified tenor. Professors CLARK and PARKER are highly popular; indeed any one of whatever school or sect who has ever heard Professor CLARK cannot but admire his acquirements as a scholar and eloquent and impressive manner as a lecturer. Few if any lecturers in the country excel him in earnestness or in elegance of speech.

The New-York Medical College (in 13th street,) is now in the fifth year of its existence and has become a "fixed fact." The Faculty are a *corps* of earnest, energetic, working men, each thoroughly devoted to his department. Four of them are New-England men. The President of the College, Dr. HORACE GREEN will yet vindicate himself and free his garments of all show of empiricism in the very face and eyes of his New-York rivals. His last paper in the American Medical Monthly makes no little stir among the "old fogies" of the profession, and after having conferred and decided whether a probang can be introduced into the trachea, they will now have to confer and deliberate again probably, whether the treatment of abscesses in the lung by injection is possible! In truth, such *surveillance* is worthy of the Popish Inquisition. The museum at this College is one of the best in the country and affords an excellent opportunity to study disease. This is one of the most attaractive features of the Institution. There are three cliniques held every week. The medical clinique held on Saturday by Professor PARKER has been crowded each week. A large variety of pulmonary and throat diseases have been brought before the class. Professor PARKER is an excellent Auscultatist; and in prescribing for patients never does it blindly, nor without having something in view to accomplish. These cliniques have been exceedingly valuable and popular with the class. At the clinique for diseases of females (Professor BARKER,) quite a variety of interesting cases of uterine diseases have been presented, consisting of every stage of ulcerative action from simple ulcer to entire destruction of one portion of the *os*. Last week Professor BARKER exhibited a case of scirrhus of the os uteri which has been under treatment now for some weeks with a considerable amelioration of the symptoms. The actual cautery has once or twice been used. Professor BARKER accompanies his cases with clear and off-hand remarks in a familiar and pleasant style. A class of diseases are exhibited at this clinique which unless a young practitioner has once seen and known how to examine and treat he will find himself much embarrassed in encountering. Professor BARKER does not offend the good taste of his audience by bombast, braggartism or an overweening self-complacency.

Professor CARNOCHAN holds a clinique every Thursday. A week or two since he exhibited a case of angular curvature of the spine, Potts' disease, in the person of a child aged three years. In speaking of the disease, its progressive nature, its fearful character, pathology, &c., he showed the futility of expecting any relief by the treatment of specialists, who are styled orthopedists. For the stretching on a bed only aggravates the disease and the discomfort of the patient, as it separates wider apart the gaps in the vertebral bodies caused by the progress of the malady. "It is worse," said he "than the bed of Procrustes, famous in the old mythology. As well might an orthopedist stretch a pregnant woman on his bed and hope to arrest the growth of the fœtus as to expect to arrest spinal disease by similar treatment. Of morbus coxarius this is also true, that splints are of little service and all the paraphernalia of an orthopedist's apparatus are useless. This spinal disease and morbus coxarius are, gentlemen, but local manifestations of a constitutional taint or cachexia and it is to this that remedies must be addressed. Caries is going on in the bodies, producing a solution of continuity. This is the pathology in a word. The cure is by anchylosis."

The treatment prescribed, was both constitutional and local, so far as the local symptoms indicated.

Locally moderate counter irritation, gentle frictions, stimulating embrocations and liniments. Constitutionally, the iodide of iron, three times a day beginning with five drops at a dose; great care that all the hygienic rules are carefully observed. Professor CARNOCHAN has found in his own experience that these principles of treatment are the best and in the end most reliable for affecting relief and it may be often cure of spinal affections. Professor CARNOCHAN recently received a letter from Erichsen the author of the new work on Surgery, in the highest degree complimentary and assuring Professor C. that in the next edition of his Surgery he should refer to his operations and give them the place which their importance merited. Professor C. is a skillful, operator and uses the knife like a master. In Surgical Anatomy he is scrupulously exact. He has every quality to become, as he must unquestionably, second to no surgeon in the country. The course in Chemistry at the 13th Street Medical College is not surpassed in the city. Professor DOREMUS is an accomplished lecturer and teacher. The experiments are on a liberal scale and while impressive are also highly instructive. Professor D.'s manner is enthusiastic and earnest. At the hospitals upon the Islands—Blackwell's, Ward's and others there is nothing of special interest at present. In the obstetric ward of Emigrant's Hospital (Ward's Island) I saw the other day an interesting case of malformation in an infant a few weeks old. There was eversion of the bladder and an absence of the penis and testes, though the latter could be felt in the abdominal cavity, not having yet descended. It was in truth a revolting sight. Nothing could be done but to palliate and trust to nature to manage the offspring of her freakish creation. There was also there in the person of a German woman a good case of hepatic abscess with fistulous opening in left hypochondrium, discharging purulent matter most of the time. Among the children there was a good deal of diarrhœa for the season. The treatment found successful was opium and acetate of lead in minute doses, with great caution as to diet, good air and other hygienic rules. Returning one Saturday evening from the Island I fell into a moralizing mood, something on this wise : What a blessed retreat are these hospitals for the sick, maimed, halt and blind, the poor idiots and unfortunate lunatics of our race, the homeless and friendless. These Islands were surely left by Providence for the benevolent purpose which they have served now for so many years. In the heats of summer, those August days when the "dog-star rages," no retreat could be more delightful and in the frosty days of winter with cheerful grates and warm apartments what could be more desirable even for the fortunate, those of healthy habit and sound mental estate. These hospitals, asylums and alms houses are grateful monuments of a wise, benevolent and christian policy. They speak much more than marble busts or monuments. Really *some* of the goodness, benevolence and noble charity of the world is in the scope of the medical profession. Here this strain of meditation was arrested, for the —— Avenue cars had arrived at —— Street, and brought the writer to his boarding house opportunely for dinner.

I am reminded of your readers' patience, dear Doctor, and will here lay aside my wandering quill. Many other topics I had hoped to notice but they must go by for another occasion. More anon, (perhaps).

PHILOÆSCULAPIUS.

LECTURES ON FEVER—BY WM. STOKES, M. D.

LECTURE VIII.

Let us resume the consideration of the bronchial affections in typhus fever. You will commonly hear it said, that this or that patient in typhus has got bronchitis; and if we were to be guided by physical signs alone, such a statement would seem to be correct. But I wish you to believe that the essence of this affection is not bronchitis, but rather a special condition of the air-passages, secondary to the typhus fever, the result either of the typhus deposit or of the vascularity with turgescence, of which I spoke in a former lecture. If bronchitis—that is to say, if inflammatory action supervenes—it must be considered either as reäctive or specific. I am anxious to impress this upon you, because there is still many practitioners who hold that the physical signs of bronchitis are sufficient to establish the existence of inflammation. Now, I do not know any characteristic difference between the physical signs which may occur in ordinary idiopathic bronchitis and those which present themselves in typhus when the air-tubes are engaged. In both you have sonorous, sibilant, mucous, and crepitating râles; and yet the two diseases are pathologically distinct. Observe that whatever will diminish the calibre of the tubes, whether it be deposit, typhoid congestion, or true inflammation, will give râle; whatever causes secretion, whether it be true inflammation, or something the very opposite of inflammation, will give you râle. We have, as I said before, in typhus, the physical signs which are observed in true bronchitis; but beware how, in any given case of fever, you conclude from their presence that the patient has true bronchitis. In certain cases there may be reäctive irritation; but never forget that the typhoid disease alone, without any inflammation whatever, is competent to produce all the signs of bronchitis. Why do I urge this so much on you? Because I wish to avail myself of every opportunity of removing from your minds the erroneous doctrines of inflammation which have been so long in vogue. We are greatly influenced by names; and though I do not suppose that there are many who would treat a case of the bronchial affection in typhus with the same reducing measures which they would employ in the idiopathic disease, yet I am sure that the idea of these signs proceeding from inflammation makes many of us who have not yet unlearned our early teachings, timid in the use of stimulants.

We find that this bronchial disease runs a course exactly analogous to that of the other secondary affections of typhus. It comes on insidiously, or, as I said before, silently; it gradually advances to its maximum, and sometimes increases to that degree that the patient dies by asphyxia. This is often the case when the disease has not been recognized at an early period. It is in almost all cases preceded by the symptoms of typhus for several days. I think in the best marked cases it first shows itself about the fourth or fifth day of the disease; but it may supervene at any period of the case. It subsides spontaneously. You will have abundant opportunities of observing the following curious circumstance in the subsidence of this disease, either when the affection runs its natural course, or when it has been necessary to treat it specially. In the true idiopathic bronchitis, when a patient is placed under treatment, we observe the disappearance of the râles to be gradual; they are less intense and less complicated day by day; and this goes on probably for a week or ten days, or it may be a fortnight, before the last shade of râle disappears. In the typhus affection, on the contrary, you will often observe that the most extensive, intense, and complicated râles disappear as if by enchantment, leaving the respiratory murmur perfectly pure. This sudden disappearance of physical signs is only an argument among many to show their non-inflammatory origin. Nothing can be more remarkable than this; it seems analagous to the sudden disappearance of the eruption of scarlatina from the skin. You may often see this eruption lasting for three or four days, and then suddenly disappearing, leaving the skin white and pure. Consider the case of the lung in the same way, and in place of the scarlatina eruption, take the secondary bronchial disease or eruption, if you will, and you can understand the occurrence of a similar change. Mind, I do not say this happens in all cases; and I suppose that for its occurrence it is necessary that there shall have been little, if any, reäctive irritation. And, as I said before, we see it in cases not only where the disease has been little, if at all, interfered with by treatment, but in others in which we have used such remedies as dry-cupping, counter-irritation, and various stimulant medicines. Here the practitioner is often surprised at the rapid and complete success of his treatment, and may take credit to himself for bringing about a change which was to a great degree, at all events, induced by the operation of the law of periodicity.

In the next place, we find that the best treatment in such cases is the stimulant. The mere circumstance of a patient having or presenting the most intense signs of bronchitis in typhus fever does not by any means warrant us in bleeding him, in reducing him, in exhibiting tartar emetic, or in withholding wine. Nothing of the kind; the best treatment for such cases is the free use of wine, of ammonia, turpentine, bark, and such measures.

Another argument is drawn from this interesting fact, that in a large number of cases of softened heart in typhus, we find a combination with the bronchial disease, and it is quite fair to conclude, that the conditions of the lung and heart in these cases are similar. The practical conclusion, then, to be drawn is, that the physical signs of bronchitis in a case of maculated typhus fever should not make you conclude that the patient had bronchial inflammation; and therefore you should not treat the case as such.

There is a remarkable case of fever which is not at all uncommon in this country, in which we have an alternating disease, as it were, between the abdominal and the pulmonary organs in typhus fever. This is a very bad form of fever—one of the worst. We find that to-day, we shall say, the chest is greatly loaded, that you get no good respiratory murmur; there are most intense râles, and all the symptoms of extensive disease of the lung. At this time, the belly is soft; it is not tender on pressure; and there is no diarrhœa. Things go on for two or three days, when we find the belly to be swollen, tympanitic tender on pressure; there is diarrhœa; and on applying the stethoscope to the chest we find it comparatively free, and the râles either gone or almost altogether gone.

You turn your attention to the abdomen, and, on relieving the symptoms there to a certain degree, the chest again shows the disease; and in this way the affection alternates as it were between the two cavities, and forms a combination which is extremely difficult of management. And I think that these cases of gastro-catarrhal typhus, that is to say, of typhus with secondary disease in the two cavities, yet that disease alternately varying in its severity, are more likely to exhibit the development of tubercle after the disease has subsided, than the catarrhal typhus without abdominal complication. But, on this point, I do not wish you to believe that my mind is completely made up. My opinion is one of those that men form gradually and unknowingly, without being able to refer the sources of that opinion to any particular observation. But it does not happen in every case, that the bronchial disease of typhus either subsides in that sudden manner we have been speaking of, or advances to such a height as to destroy the patient's life. There is another case, and a very important one, and that is—where we observe an imperfect convalescence, the chest remaining very much engaged. That is to say, after all the general symptoms of fever have subsided, the petechiæ gone, the typhus expression having disappeared, and the patient anxious for food, we find that the phenomena of the chest remain but little altered; that there is most extensive bronchial râle. In this case it appears to me, that what has happened is, that a reäctive inflammation has occurred, and that a form of true bronchitis has been added to the typhus disease. Something very similar to this occurs in the case of disease of the intestine in typhus. This has been indicated in by Dr. Cheyne as one of the cases of imperfect convalescence in fever. It would appear as if there was a secondary inflammation upon the typhoid alteration of the intestine, and this causes the convalescence to be imperfect. It is extremely probable that the same thing occurs in the lung. There is nothing more important, gentlemen, in the study of diseases, than to keep analogy continually before us; and you may expect that the processes of disease observed in one cavity of the body will be repeated in the others. The case above stairs to which we gave the turpentine, and the naptha afterwards, was a good example of this.

These cases are frequently mistaken for phthisis; and it is not to be wondered at, for the patients have very much the aspect of phthisis, they are emaciated by fever; they have often a species of semi-hectic upon them; they have cough; their respiration is difficult; and they have frequently very profuse expectoration. You will say, then, Is there any difference between the symptoms in these cases at this stage and the symptoms in cases of phthisis. I do not know any difference but this, that in the patient's laboring under phthisis, there is often a very copious muco-puriform expectoration—a thing rarely seen during the pressure of the disease in typhus. It is very natural, then, that, under these circumstances, a practitioner seeing a patient for the first time might come to the conclusion that he was phthisical; and it is quite proper that all practitioners, under those circumstances, should be apprehensive of tubercle; because it is certain, that in many instances of typhus fever, disposition to the formation of tubercle seems to have been created by the disturbance of the system in consequence of the fever.

We have three forms of tubercular disease induced in this way.—The first form is what I may term acute coëxisting tubercle. This is a most curious form, in which the tubercular matter is deposited, pending the early periods of the typhus fever; while the petechiæ are still on the surface, the lung becomes full of soft tubercular matter.

Let me call your attention particularly to this form of disease. We have not seen many cases of it, and but in one instance had we a *post-mortem* examination; but this was a very well-marked case. It occurred two or three years back in our wards, and was one of those cases which we do not easily forget. The patient, a man between 30 and 40 years of age, had enjoyed perfect health up to the time when he was attacked with fever; he was not subject to any form of chronic bronchitis, or pulmonary irritation of any kind; so that there is not the slightest reason to believe that any tubercular matter existed in his lungs before he was attacked with the fever. He came here at the end of the first week of his illness, with the usual symptoms of maculated typhus, and the secondary bronchial disease. So far, there was nothing unusual about the case. I observed, however, that the bronchial râles were more intense in the right than in the left lung; that there was a greater amount of large crepitus than we commonly see in the typhus disease, indicating that the minute tubes were much engorged. The chest was perfectly clear on percussion, but I took alarm at the great amount of bronchial râle which had become developed at so early a period of the case. The patient was treated by dry cupping, blistering, and the use of seneka with carbonate of ammonia; but ye we did not observe that these measures produced any sensible effect on the physical signs,—a circumstance which would have still further increased our apprehensions; but at that time we had no suspicion of what the result was to be. There was no remarkable suffering; the patient did not complain of dyspnœa, his breathing was not remarkably accelerated, and, in short, he had no symptom which would distinguish his case from ordinary typhus with severe bronchial disease. We now, however, observed, that day by day the anterior portion of the chest, especially on the right side, became more and more dull, although there was little if any change in the character of the large but crepitating râle, nor was there any indication of hepatization; the lung always continued permeable to air. The petechiæ remained remarkably stationary. About the eighth or ninth day, the patient began to sweat profusely. And this sweating appeared to occur in two paroxysms within the twenty-four hours, so that he seemed to have a combination of severe hectic and typhus fever. He died on about the twelfth or thirteenth day of his disease, the front of the right side having become very dull, but not absolutely so, and the crepitating râle remaining with singular constancy all through. On the day of his death the petechial eruption had scarcely faded.

Although we had never had any instance of the acute development of tubercle pending the typhus state, yet I ventured to make the diagnosis of the disease here, for the physical phenomena were precisely those which occur in ordinary acute inflammatory tuberculization of the lung. The right lung was found to contain a great quantity of soft, grey tubercular matter, deposited in isolated patches, varying from the size of a pea to that of a small hazel-nut. They were not encysted; they were soft, but yet showed no appearance of suppurration. A few deposits of the same kind were found on the left side.

The great amount of this deposit is in itself sufficient to prove that it was one of the secondary affections of the typhus fever; for, although a man may live with a certain amount of chronic tubercle developed in his lung, it is quite impossible to conceive that he could have had such a quantity of soft tubercular matter, nearly filling up the whole lung, while his health and respiratory function remained unaffected, as we have seen was the case in this man until the occurrence of the typhus fever.

I believe that this case was but the extreme case of what often occurs in typhus; and we shall just now see that there are strong grounds for holding that tubercular matter is deposited, though in smaller quantities, during the secondary bronchial disease of fever, and yet the patient recovers without having the symptoms of phthisis.

The next form we term the acute consequent tubercle, that is to say, when the patient has passed through his fever, and has had an interval of repose, everything apparently promising a perfect recovery, there is a sudden explosion of tubercular disease, with symptoms of high irritation, and with a rapid development of tubercle.

The last form, which is not by any means so frequent as the others, is the chronic consequent tubercle, in which, when a patient who has had catarrhal disease in the early periods of his fever has recovered, although with an imperfect convalescence, the disease gradually passes into the ordinary pulmonary phthisis, and is followed by the same result.

I spoke to-day in the wards of a practical question as to your diagnosis when called to a patient who has gone through typhus fever, and in which the chest is very much engaged; this is a case that you will be often called to in consultation. The patient has been under the care of another person; he has gone through severe typhus fever; he is in the 25th, or the 30th, or the 36th day of his illness, and appearances of his being consumptive occur. It is very likely that the patient may be of a consumptive family, and an alarm is excited. He has wasted in flesh; he has quick pulse; he may have had some sweats; he has cough and muco-puriform expectoration. Well, such is his position. You are called on then to say, in the common phrase, whether his lungs are affected or not. You examine his chest carefully; and, if you find the following circumstances to exist, you may in most instances be able to assure the patient's friends that, as yet, the lungs are not tubercular; if you find that the physical signs of bronchitis are universal, that in no part of the chest where you examine, you fail in discovering sonorous râles, mucous râles, muco-crepitating râles, in various degrees of combination—in other words, stethoscopic indications that every portion of the bronchial tree is affected,—if, then, with this universality and intensity of bronchial signs, you find that the patient's respiration is not much excited, that he is not complaining either of dyspnœa, or that his respiration is rapid, you may be almost certain that the patient is only laboring under the remains of the typhoid bronchial disease, and that he has not yet passed into a tubercular condition. You make the diagnosis here, gentlemen, from a source which you will find of great importance; *it is a diagnosis from the want of accordance of phenomena.* What do we find here? Universal bronchitis—universal signs of bronchitis. Now, we know, that in 99 cases out of 100, of the development of the tubercle after fever, where there is universality of deposit there is extreme suffering—there is great dyspnœa—there is extraordinary acceleration of breathing, so that in the case above specified the want of accordance between the extent of disease and the amount of suffering, leads you to a negative diagnosis, and enables you to declare, that as yet, the patient is not tubercular. If, on the other hand, this patient had, with the physical signs which I have described, any hurried breathing, difficult breathing, and the signs and the symptoms of great irritation of the lung, it would be quite impossible to say that he had not consumption. In a very large number of cases you will find that this rule will apply. In cases of bronchial disease following, not only typhus fever, but a variety of other affections, you can apply this diagnosis very commonly indeed; in the remittant fever of children you can apply it; in cases of the bronchial disease which follows measles, in cases of the bronchial disease which follows scarlatina, and in a variety of other affections, the diagnosis from the want of accordance of the phenomena is applicable. It is very important, indeed, to study carefully those means of diagnosis which are available in cases where you have not an opportunity of repeated observation. In most cases of consultation, the consulting physician only sees the patient once. If you should be able to see the patient three, five, or six times, at intervals of two or three days, you would not be under this difficulty; but by this weapon of diagnosis, if I may make use of such a phrase, you are able, even by seeing the patient once—which is the position you will often be in—to give a satisfactory diagnosis.

I have drawn your attention to the great probability that exists, that in many cases of this typhus fever, with the secondary bronchial disease, there is developed not merely the ordinary secondary bronchial disease, but more or less of actual tubercular matter; and yet it does not follow that the patient shall ever have the symptoms of phthisis. He may recover, and often does recover completely, with a perfectly pure respiratory murmur, without any cough, or without any symptoms whatever of disease; but after a period varying from three months to nine months, he expectorates a few calculi. There cannot be any doubt, when all the circumstances of the case are considered, that those calculi were petrifications of a certain limited number of tubercular depositions which were formed pending the fever, and which from their being isolated, from their being very small, from their never forming any consolidation about them, from their having no cavities, altogether escaped observation. The number of cases of individuals who, after having gone through this bronchial typhus, at some subsequent period are observed to expectorate small calculi, is quite sufficient to warrant this conclusion.—*Virginia Med. and Surg. Journal.*

OBSERVATIONS UPON DISEASES OF THE UTERUS.

By WARREN STONE, M. D., *Professor of Surgery, University of La.*

The diseases of the uterus have, of late years, engaged the special attention of many men eminent in the profession; elaborate works have been written on the subject, and yet the profession is more divided and less fixed upon the pathology and treatment of the diseases of this organ than any other. Being earnestly impressed with the importance of the subject I have always endeavored to keep pace with the improvements, and to make myself familiar with the subject; but, candor compels me to acknowledge, that either much of what I read has never come under my observation, or that I do not understand what I see.

The conclusion I came to long ago, was, that either this organ is not governed by the same physiological and pathological laws as the other organs of the human system, or the writers on the subject have been blinded by their zeal, and carried away by theory; and further observations incline me to the opinion that men have been mistaken. There is a vein of bigotry in human nature which gives bias to the pursuits of men—whether it be religion or medicine, oran ything else —and which the strongest intellects often possess in a high degree.

Such minds can scarcely be content with plain matter-of-fact pursuits, but rather fix upon something that admits of speculation and something more wonderful than reality. With this view we can understand how it is that men, eminent in the profession and entitled to high consideration, may commit sad errors in matters not entirely demonstrable.

Lisfranc was convinced that all indurations of the neck of the uterus were cancerous, and cut them off to the number of two hundred, up to the time he reported, and I suppose he continued the practice, as he evidently was bigoted in its favor. Is it not strange that a man with the intelligence and experience of Lisfranc should commit such an error in pathology as to suppose cancer of the uterus is a common disease? or that his experience should not have taught him that cutting off a piece of an organ, upon which malignant disease is manifested, does not cure or retard its course! His student (I believe) a few years after, counteracted the evil effect of this report by a statement to the effect that he had followed up these cases and that they had all died of the disease. The difficulty of following up so large a number of cases, for several years, and the fact that the amputation of the neck of the uterus is not a very dangerous operation, would lead one to doubt the latter report. Perhaps this report was made to substantiate the diagnosis, for it began to be suspected that cancer was not cured by the knife, and about this time the chief merit of the physician was in the correctness of his diagnosis. Some writer was so ill natured as to assert that in the hospitals in Paris the object seemed to be to make a diagnosis and then hurry the patient to the dead-house to verify it.

When I was house surgeon of the Charity Hospital a servant of Mr. L. was sent there with a supposed serious affection of the uterus. I made an examination and pronounced her pregnant; Mr. L. said it was impossible, for she had been under treatment near four months and confined to her bed, and in spite of the most active treatment and rigid diet, the disease had steadily progressed until the doctor despaired of a cure. The case, however, was plain, and I advised a liberal diet to overcome the debility caused by leeching, caustic and low diet, and then set her to her work. In about five months she was delivered of twins. This patient had been treated by a gentleman who stood deservedly high in the profession; but while in Europe he got a uterine twist in his mind which he never got over. It seems unaccountable that one whose judgment was so clear and generally correct upon professional subjects, generally, should commit such an error; but it only shows how easily one is carried away by a hobby.

When we see such a mistake by one scientific and experienced, what are we to expect from the diagnosis made by those who do not know how the organ looks, through the speculum, in health. I am not disposed to criticise the treatment of others, for it is unprofitable to pull down one system unless a better can be established, and if a better is established we are saved the trouble of pulling down the other. It is a law of the animal economy that those organs which are essential to life or have important functions to perform have the greatest recuperative powers, and resist morbid agents the longest, and (as if nature provided against our weaknesses) those organs that are subject to our excesses possess these qualities in the highest degree.

The diseases of the uterus, to my views and experience, are simple, and, if the natural efforts are encouraged, are strongly disposed to recover. They may be divided into the inflammatory and non-inflammatory. Under the head of inflammatory may be included most of the diseases of this organ, and as they are generally from some plain cause they are simple and readily relieved in the early stage. Many cases, however, of subacute inflammation are neglected, or imperfectly cured, and perhaps aggravated from time to time by gross imprudence, until they assume a serious character; but, still, they are simple in their nature, and all the treatment that can be of use is simple also. In the examination to ascertain the state of the parts, the sense of touch is far better than the sense of sight. With the finger, with very little inconvenience to the patient, or trouble to ourselves, we can ascertain the precise situation of the organ, its size, its density, its temperature and its degree of sensibility; while, with the speculum, after annoying and mortifying the patient, we ascertain its color, if we have a good light, and many find ulcers when none exist—but of ulcers I shall speak hereafter. I entertain no sentimental notions of delicacy in the use of the speculum when it is necessary to a correct diagnosis, or for the application of remedies; but to say the least of it, it is idle curiosity to use it in very many of the affections of this organ. I abominate charlatanism. When ausculation came to be practiced, I soon learned that my naked ear was far better than any instrument; but I could not compete with those who went about with a stethoscope sticking out of their pockets, although they knew nothing of its use; and when it came to be acknowledged that it was of no use in most cases, they would not give it up, but argued that it was indelicate to apply the naked ear to the chest of a lady. It is very much with the same motive—to appear wise and scientific—that a great many make a display with the speculum, and they scarcely ever fail to find what they look for, and are just as much enlightened as to the real condition of the uterus as those who used the stethoscope, without knowing the natural sounds of the heart and lungs. The rectum is quite as frequently the seat of disease as the uterus, and far more frequently the seat of ulcers, which are more difficult to cure, in consequence of the unavoidable duty the parts have to perform; and yet we see no philanthropic zeal manifested for this ignoble organ, and it is left to the treatment of plain matter-of-fact men who will use the speculum when necessary. My belief is, that the profession have been led into error by false notions of the extensive sympathies of this organ. The liver, formerly, was accused of giving rise to the very many nervous and uncomfortable feelings which bad digestion, in all its forms, may originate as if nature had committed an error in making one organ to be the plague of all the others. Since the liver has been properly placed in pathology, the uterus has been taken up and now stands responsible for all unappropriated nervous disorders.

In my long connection with the Charity Hospital (as well as in private practice) I had an opportunity of making observations upon a large number of the laboring class of females who had no time to indulge in fancies or licentious habits calculated to enervate, but whose occupations and careless habits were well calculated to produce inflammation and all the derangement of the uterus that do not depend upon a constitutional cause; and I became satisfied that where there is no general disturbance of the system, all symptoms of disease of the uterus are confined to the organ itself. The general disturbance produced pregnancy is not due to the uterus. The whole system undergoes a change, and the sense of taste and smell become exalted, the temper irritable, the appetite capricious and often voracious, and the only way the stomach has of manifesting its sense of abuse is by vomiting, which once commenced, is kept up by habit in a great measure; for I find that those that have not time to indulge in fancies are not much troubled. The occasional nausea and irritation of stomach, in connection with disturbance of the uterus, proves nothing, except, that constant and persistent irritation in any part of the system may disturb the functions of the stomach; but it no more proves sympathy than the disturbance of the stomach and bowels of the child, during teething, proves sympathy between these organs and the gums. It is not from isolated cases that a law can be established, but from observations upon a large number under similar and varied circumstances. I have seen various nervous symptoms relieved by the application of caustic to supposed ulcerations of the uterus; but it is no mystery to one who has seen the effect of a hot iron to the ear in the cure of sciatica, or the bare sight of the dentist's forceps upon tooth-ache. One cause of nervous disturbance, which appears to be connected with the uterus, has not been properly estimated. The sexual organs of the female are subject to the same abuse as those of the male; and there is no reason to suppose that they are not unnaturally excited to the production of disease as well as with the male, which we know is no uncommon thing. Slight irritation of the female organs increases the passions, as well as in the male, and if indulged in, even legitimately, to the extent of the desire, may lead to serious disturbance in those not vigororous. The degree of venereal passions depends more upon a peculiar nervous excitability and moral organization than to real vigor of the system. Excesses and violations of nature in the male, we know, lead to a great variety of symptoms difficult to explain. This practice, difficult as it is to trace, in all its forms, in the male, is still more difficult in the female; but my experience is sufficient to satisfy me that it is the cause of many unexplained affections, sometimes of a severe character—such as convulsions and paralysis. This is a sorrowful view of poor human nature; but it is true, and it is not confined to the low and openly degraded. A large portion of the ills of man are the result of the violations of the laws that should govern him, and it is the duty of the physician to combat them, whatever may be the cause, and by whatever means may be necessary—whether moral instruction, or the administration of drugs. Take into view the vast number of votaries of fashion in this financial age, who rather than be deprived of their pleasures, take means to avoid the natural consequences of married life, and we can find cause for a host of symptoms which the natural sympathies of the uterus have nothing to do with. The natural mother who performs her sacred duty as becomes her, and whose happiness is in her domestic circle, never has any of these mysterious and complicated complaints, which it is fashionable to attribute to the uterus; and my conclusion is, that most, if not all the symptoms attributed to sympathy with the uterus, although sometimes connected with it, are independent of it and owing to a different cause. There are, of course, rare exceptions. I would not pretend that this organ may not become diseased, without any fault of the patient, and give rise to many distressing symptoms, but I spoke in general terms.—Most of the complaints of the uterus, I have said, are inflammatory, or inflammation and its results. Irritability, enlargement, induration and all the various changes in density, prolapsus, leucorrhea in all its various forms, etc., may, in most cases, be traced to this cause, and torture, and twist, and repine as we may, it is nothing but plain common inflammation in reality, and should be treated just like it in other organs of similar texture. I believe that in acute inflammation of this organ and its appendages, antimony has as strong an influence as it has in that of the testicle; probably upon the general principle that highly organized parts respond more decidedly to proper and decided remedies than inflammation of ordinary tissues, and if in spite of active treatment, or by neglect, or otherwise, it runs into a chronic or subacute form, characterized by induration, and enlargement, and tenderness, mercury is equally useful. The effect of mercury seems to be reduced to a law. Whenever there is inflammation, accompanied by thickening and enlargement, by reason of interstitial deposition of lymph, or whenever lymph is a product, mercury is the most efficient remedy in whatever tissue it may occur. This, of course, is no new idea; but there is little use in ideas, unless they are turned to practical use. The unpardonable abuse of this valuable medicine in the South and West, years past, in diseases having no anatomical character, has led the profession to the opposite extreme, and done more to encourage the adoption of homeopathy than anything else; but I would suggest, in passing, that if the profession use this medicine, as well as all others within its knowledge, as they ought to, it has nothing to fear from this fantasy. The prejudice which the abuse of mercury has created against it deters many young practitioners from its use, lest they should produce disagreeable salivation, and lose the favor of their patient; but it ought to be a fixed rule, when an important organ is concerned, to adopt at once the most efficient means. Mercury when given in a full sedative dose, where there is much excitement, does not often pytalise, and when given with a view to its specific effect in chronic or subacute inflammation, it can be graduated so that it will rarely produce disagreeable consequences. The gentle effects of mercury, followed by the use of iodide of potash, will be found highly useful in all these cases, in connection with an appropriate antiphlogistic course. It is not my purpose to enter into the details of the treatment of chronic inflammation, but I would merely suggest that mercury is not used as much as it ought to be in the treatment of this disease. Leeching is a favorite remedy with many. I have seen the effects of this local bleeding and have often consented to it, in consultation, but I never thought it of sufficient importance in any case to order it myself; and I am satisfied that in many cases it is injurious. My views of the effect of the application of leeches directly to an inflamed part were formed after large experience upon external parts, where the entire effect could be observed; and although there is occasionally a case of peculiar engorgement, rather than inflammation, in which they are useful, they, on the whole do as much harm as good. There is no consistency in their application; the same potherer that would apply them to the uterus for the relief of a determination of blood, would apply them to the vulva to produce a determination and favor the menstrual flow. No distant application of these can be made to any advantage, unless in sufficient numbers to make the depletion general, and for this other means are much cheaper and less annoying.

There are cases of engorgement of the uterus, or, as Andral would say, hyperemia, which, if termed inflammation, is in a degree short of effusion of lymph, in which local stimulants may be used with advantage, precisely as they may be on other parts similarly effected. There is no mystery about it, and no special knowledge is requisite, except in determining its nature. The nitrate of silver, either in substance or solution, and the tincture or solution of iodine, are the most common and useful of the local stimulants; the strength is not material, if we may judge from the reports of cases of disease of the uterus treated with the caustic in substance, inside as well as out, or the saturated solution frequently applied and long continued, or the actual cautery, according to Jobert. Every one knows that an eschar will slough, fill with granulations, and cicatrize sooner than a bad ulcer can be cured by mild means, but the question is, are we justified in using actual cautery, unless it is decided that it will effect a cure when no other means will. However, it must be admitted that the actual cautery is not really a severe remedy for the patient to bear, when properly applied; and there are cases, no doubt, in which it is useful, but I doubt the necessity of its use in uterine diseases. There are cases occasionally met with, in which the mucous membrane is the seat of chronic inflammation, and the nitrate of silver in solution is applicable,—used occasionally, with the use of astringents of moderate strength during the intervals, but it is not a panacea. This solution can be thrown into the cavity of the uterus with all the force that is necessary to diffuse it entirely over its surface, without any danger of it getting into the peritoneal cavity through the fallopian tubes, as has been ridiculously suggested. Prolapsus is, in most cases, the result of inflammation and consequent persistent bearing down, but when the inflammation and tenderness is relieved, the patient does not suffer from slight displacement. Pessaries are not often necessary, and cannot be used in most cases without injury. Occasionally, when there is not much sensibility at the neck, and when the irritation seems to extend to the appendages, (the ovaries and broad ligaments,) great relief is afforded by the mechanical support of the pessary, but it is too often used when simple antiphlogistic treatment is indicated. Although I do not believe in the sympathies of other parts, with the sufferings of the uterus, (any more than the same occurs in other organs,) yet I am sensible that it is effected materially by constitutional disturbance. In engorgement and chronic inflammation, the periodic character which so often characterizes the diseases of our section of country is often very manifest, and the uterus, like the spleen, seems to become a diverticulum, and receives the blood as the spleen does under similar circumstances, and hence the value of tonics often, not only to give tone to the system, but to equalize the circulation and prevent these periodic engorgements which are frequently attended with much pain. In connection with prolapsus, I would urge the importance of mechanical support to the abdomen, especially in those who have borne children. It will be readily perceived by those understanding the anatomy of the parts, that the most popular body braces, (as they are termed, I believe,) arranged with springs and having a pad of the size of the hand pressing upon the hypogastric region are inadequate to the support of the abdominal viscera, and can have no direct influence in the support of the uterus. When the abdominal muscles are relaxed, and do not support the intestines, they fall down into the pelvis to the disturbance of their own functions, as well to the injury of the uterus. What a pity that some common-sensed mechanical genius cannot be engaged to study anatomy and physiology, and devote his genius to the manufacture of mechanical apparatus for the benefit of humanity. Of the second class, or what I would term non-inflammatory, the principle are granulations and scrofulous softening, as I would term it. Velpeau asserts that there scarcely exists any other kind of ulceration than cancerous or syphilitic, and that what is nearly always designated as ulceration, is really granulations, and what Recamier described under the name of vegetations, and scraped from the mucous surface with a small scraper. These granulations are said by some to constitute the larger portion of the diseases of the neck of the uterus, but I think they must include what I have denominated scrofulous softening, which resembles granulations in some respects. It presents an irregular surface, but it is rather from a kind of erosion in patches than granular elevations, and is not so high colored. The one seems to be entirely local, and requires strong caustic applications, while the other is connected with a general depraved state of the system, requiring constitutional treatment, and does not admit of strong local applications, at least is not benefitted by them.

These granulations are said to form in the uterus, as well as around the neck, but my opinion is, that they are confined to the neck and os and that the scrofulous affection is more likely to affect the inner surface. A discharge almost always accompanies these affections, but differs in the two varieties. I do not know that my observations have been sufficient to establish a rule, but I think that in granulations it will be found thin and ichorous, while in the other it is thicker, like a kind of pasty mucous which may be seen issuing from the os, as well as covering the affected surface, and the granulations I think will be found more frequently among the lower class, and those that are not particular as to personal cleanliness, while the other is oftener found in the better classes. These vegetations appear to me to be of the same character as those often found around the orifices, when the epithelium is first destroyed by the vitiated secretions, and they spring up and sometimes become very annoying, from a kind of burning, smarting pain that attends them. They are found around the anus, the vulva, the glans penis, in those suffering from a gleety discharge, and have a redundance of prepuce, but they are never found upon the fine mucous membrane. The external integument is too dense, and the internal or mucous integument is too well defended by its natural secretion to be affected by acrid secretions, and it is only on the intermediate tissue that it is not thus provided for, and when these secretions are most likely to occur, that these vegetations are found, and I do not believe they form in the interior of the uterus. These granulations are cured by a variety of means. Most of the caustics will be found efficient. Velpeau prefers the acid nitrate of mercury, applied with a brush at intervals of several days until they are destroyed. The bi-chloride of mercury is equally as good, and when it can be applied on lint frequently, it will soon destroy them, when used no stronger than what the surrounding parts will bear; but to the uterus this cannot be done, and it is best to make a strong application at once and repeat it at proper intervals until they are destroyed. I am strengthened in my view of the cause of this disease, by the fact that it is rarely found with those who are particular as to personal cleanliness, particularly in the use of the female syringe, which it is to be regretted is so little in use with American ladies. Frequent cold bathing, and cold female injections, tend much to preserve this organ against the effects of vicissitudes, the relaxing effects of the climate, and the local effects of vitiated secretions which are liable to occur from various causes in those in otherwise good health. What I termed scrofulous softening, requires appropriate constitutional treatment and gentle local applications. The nitrate of silver occasionally used, of the strength of ten or fifteen grains to the ounce, may be useful, (and it is generally necessary to inject into the cavity,) together with astringent injections. The preparations of iron, cod liver oil, appropriate diet, good air and exercise constitute the constitutional treatment. Leucorrhea or vaginal discharge is too generally treated as a distinct disease, when it is really a consequence of some of the conditions described. Venereal affections, cancer, polypus, &c., being distinct and undisputed diseases, require no notice. Vaginal discharge may occur from temporary excitement and flux to the parts, but if it be persistent, it will be found to depend either upon inflammation, granulations or scrofula. A mere digital examination is generally sufficient to determine the state of the parts if they are prominent, but if there be any doubt, the speculum will readily solve it, and it appears to me that any one who knows how to treat inflammation in general, and the mucous tissue in particular, cannot fail to treat these affections rationally. I admit the advantage which one may have who makes a speciality of any particular disease, but we often see that those who are engaged in specialities lose sight of general pathology and therapeutics, and looking upon it as a local thing, lose more than they gain by their tact and experience in making local applications, by overlooking general treatment.

Attention to the diseases of the uterus is becoming fashionable, and unless the matter-of-fact portion of the profession devote more attention to the subject, this organ is not likely to get its due. I know with many, it is disagreeable to treat these affections, but it ought to be held a sacred duty, considering its association with our origin and the propagation of our species.—*New Orleans Medical News and Hospital Gazette.*

CHLOROFORM INTERNALLY.—Acting through the medium of the stomach, this remedy is principally useful in diseases of nervous irritation, unaccompanied by inflammation or cerebral excitement. In most cases of purely disordered innervation, its sedative and hypnotic power often exceeds that of opium, while it possesses the great advantage over the latter remedy, that it does not check the secretions, nor is it apt to be followed by cerebral derangement. We have not succeeded in securing its soothing influence in fever, except in cases of extreme prostration, characterized more by nervous than vascular derangement; but it has undoubtedly proved useful in the low forms of European typhus. In cases of delirium tremens, after overcoming vascular excitement by the use of a combination of tartar emetic and the nitrate of potash, we have frequently administered chloroform in teaspoonful doses, with the happiest effects. Few remedies have ever been discovered, which have, in so short a time, come into use in the treatment of such a variety of diseases, as chloroform. This renders it the more important to study its proper therapeutical effects.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, MARCH; 1855.

THE PRACTICE OF SPECIALITIES.—There is much difference of opinion among medical men as to the propriety and profit of confining themselves to what is called special practice.

While some claim that progress is to be made only by confining the attention to *one* class of diseases, others insist that a thorough knowledge of and practice in *all* classes is essential to a true understanding of any.

We have always regarded with a jealous eye this fashion of "special practice" as tending to produce men of limited ideas and a routine mode of treatment, and were pleased on reading the Introductory Lecture of Prof. Joshua B. Flint of the Kentucky School of Medicine to find the following sensible remarks on this subject.

"Nevertheless, in every modern country where medicine has been much cultivated, so generally and so steadfastly have these distinctions been recognized and adhered to, that the *General Practitioner*, like many other manifestations of utilitarianism, may properly enough be called an *Americanism*. The whole profession is here composed of such, as I have said; and it has always been so; and I cannot doubt that this innovation upon professional custom is due to that same controlling national good sense, which has shaped our other institutions, in disregard of precedent and authority, as much as to the peculiar conditions and circumstances of country under which the profession has grown up.

At the present time, wherever the true foundations of medical philosophy are appreciated, its disciples are becoming united in name and immunities, as they are in the principles of their art, and in the beneficient purposes of its exercise. Even in England, where the temper of the people and the spirit of their institutions are extremely opposed to any such changes, the "pure Physician" and the "pure Surgeon" are about disappearing, in fact, and the *General practitioner* is taking the position he is entitled to, as the true exponent and minister of the healing-art. To this result none have contributed more effectively than some of the most eminent surgeons of the British metropolis,—and in the furthering this reform, while promoting the unity, honor and usefulness of medicine in general, these gentlemen have rendered the highest services to their own particular department of it."

"But 'does not practice make perfect?' I hear some one say, seduced by the sophistry of the schismatics —'Is not exclusive devotion to any one pursuit the best guarantee of excellence in it?' Yes, certainly, if the question be applied to the different petty labors that are combined in the manufacture of a pin, or the heavier ones that result in the construction of a steam-engine, but No, as certainly, if applied to the various and mutually dependent particulars of a great systematic whole. No one of the elements of a *system* can be understood and wisely dealt with, except by means of an acquaintance with the intrinsic and relative attributes of all its associated constituents."

"A very little discriminating reflection, rightly directed, will serve to expose the fallacy of expecting from the introduction of division of labor into medical practice, anything like the advantage we realize from it in the mechanical arts; and so will dissipate all the most specious pretentions of professsional specialities. And remarkably are such '*a priori*" conclusions against medical schism, confirmed by the testimony of experience. Venereal affections, and diseases of the eye, have been made matters of exclusive practice more frequntly than any other portions of surgical duty—and "*cui bono?*" The foundations of all sound knowledge and good practice, in both these important sections of Surgery, repose upon the labors of those who cultivated them in common with the other portions of their art. Hunter, and Bell, and Carmichael, and Larry, and Rose, have done infinitely more for the elucidation of Syphilis, than all the exclusive Syphilographers, from Sir Ulric Hutton of the sixteenth century, who wrote and practiced from personal experience of the disease, down to the present accomplished surgeon of the Hospital du Midi, in Paris. And so of the other example — Opthalmic Surgery is under obligations to Cheselden, and Lawrence, and Tyrell, and Wardrop, and Graefe, and Chelins, to Sanson, and Dupuyten, and Velpaue, and to my venerable friend, the Surgeon of Wills' Hospital in Philadelphia, in comparison with which the services of all the exclusive occulists from Sir Wm. Gascoigne, of whom Dr. Bulleyn quaintly testifies that he 'helpeth sore eyes,' to Sechel, and Wilde, and Elliot, of our own times, are but dust in the balance."

"Mr. William Mackenzie, lecturer on Opthalmic Surgery in the city of Glasgow, and author of one of the best systematic treatises on these diseases ever produced, after giving statistics of the operation for cataract — a section of practice where, if in any, the dexterity acquired by exclusive devotion would most certainly tell, remarks: 'Such are some of the data furnished us from the practice of general Surgeons, on which to furnish an ultimate prognosis with regard to cataract. *I am by no means of opinion that the practice of mere occulists would afford more favorable results.*"

"Alike unprofitable, in practice as in science, are all these divisions and subdivisions, of medicine. Show me an Occulist, an Aurist, or a Hernia-curer— a throat doctor, a lung docter, a liver doctor, or a urine doctor; and I will presently show you, in the same person, nine times out of ten, an arrant routinist, who has long since ceased to investigate, and does nothing but prescribe."

"PUERPERAL FEVER AS A PRIVATE PESTILENCE." "Who shall decide when doctors disagree?" We have before us the essay of Professor O. W. HOLMES, M. D., on the communicability of Puerperal Fever to which he has give the above characteristic title. This Essay was originally published in the "New-England Quarterly Journal of Medicine and Surgery," but as it never obtained a very extended circulation the learned author has thought proper to re-publish it in a pamphlet form with an introduction and additional references and cases. As it now appears it is a book of 60 pages which we recommend to the candid attention of practitioners. Professor HOLMES heaps up evidence to prove the contagiousness of this disease and takes strong ground against the positions of Professors HODGE and MEIGS of Philadelphia who are decided champions of the "Non-Contagious Character of Puerperal Fever." Without taking up the cudgels on either side of this vexed question we will say that enough is proved to convince us that the practitioner who persists in attending obstetrical cases after two or more cases of Puerperal Fever have occurred in his practice in immediate connection shows a reckless disregard for human life which should call forth the denunciations of all honest men.

Even if *is* as said "it is only a suspicion that it is contagious," should not that very suspicion be sufficient to cause every means of prevention to be made use of in cases of this character?

But it is not a mere suspicion, but a solemn fact, which the experience of years is proving beyond a doubt, that Puerperal Fever is as contagious as many other diseases the communicability of which no one doubts.

The Profession owe thanks to Professor HOLMES for the re publication of his Essay.

WHAT TO OBSERVE AT THE BEDSIDE AND AFTER DEATH IN MEDICAL CASES: Published under the authority of the London Medical Society of Observation. Second American from the second and enlarged London edition; *Philadelphia: Published by* LEA & BLANCHARD, pp. 220.

To the observer who prefers accuracy to blunders and precision to carelessness this little book is invaluable. But no one need look upon it as one of the "helps to laziness" which abound, for it is rather a stimulus to hard work and it is only to him who is willing to work hard and wants some guide to make his hard work lead to the best results that we would recommend this book. It points out the best mode of examining patients and the different symptoms to which the attention of the physician should be directed.

AUTOBIOGRAPHY OF CHARLES CALDWELL, M. D. *Philadelphia: Published by* LINPINCOTT, GRAMBO & Co., *pp*. 454. We delight to read the lives of men who have left the *mark* of their intellect on the age in which they have lived. Such a man was CHARLES CALDWELL and no man can read this his "Autobiography" without feeling aroused within him a desire to leave his own

"Footprints on the sands of time."

CHARLES CALDWELL was in reality one of the strongest men who ever adorned our profession and in reading his life we were continually reminded of JOHN HUNTER, who he much resembled.

This book is valuable not only as the life of a great man but as containing much of the history of the rise and progress of medicine in America.

A TEXT BOOK OF PRACTICAL ANATOMY, BY ROBERT HARRISON, M. D., M. R. I. A.; *Second edition. pp*. 720.

THE DUBLIN DISSECTOR, *By the same author. Third American, from the fifth enlarged Dublin Edition, pp*. 541; *New-York: Published by* SAMUEL S. & WM. WOOD.

It is useless for us to say anything of the last named book; it is too well known among educated physicians to need anything we can say in its favor.

It has been for years the chief reliance of Practical Anatomists, and has probably done more service in the Dissecting Room than any other work.

The "Text Book" is the same work in a different form, illustrated with 160 wood cuts. We cheerfully recommend these works as reliable aids in the acquisition of an accurate knowledge of the human frame.

ESSAYS ON INFANT THERAPEUTICS, &c., &c., BY JOHN B. BECK, M. D., &c., *Second Edition, Enlarged and Revised, pp.* 168; *New-York: Published by* S. S. & W. WOOD.

This is one of the most valuable books which ever issued from any press. It is the production of one of the most learned men of the age, a physician of large experience who tells what he knows in the simple language of truth. It contains Essays on the effects of Opium, Emetics, Mercury, Blisters and Blood-letting, on the Young Subject; which, if carefully studied cannot fail to have a salutary effect upon our use of these active remedies in the diseases of children. It also contains Essays on "the use of Ergot," "An account of the origin of the use of Mercury in Inflammatory Complaints; and other Essays of practical importance. Any physician however large his practice, can find time to read this book and no one however learned can read it without profit.

PRINCIPLES OF PHYSIOLOGY; *Designed for the use of Schools, Academies, Colleges, &c., &c.*; BY J. C. COMSTOCK and B. N. COMINGS, M. D.; *Illustrated by* 14 *Quarto Plates and over* 80 *Engravings on wood; New-York: Published by* S. S. & WM. WOOD.

Improvement is the order of the day and we must say that the work before us surpasses all its predecessors. It is in the Quarto form and is splendidly illustrated. It contains 105 pages of text and is well designed to extend a popular knowledge of Human Physiology and the laws of health. It is not so complete a system as that of DR. HOOKER, but its abundance of illustration renders it better adapted to the use of Schools and the younger class of learners.

WOOD'S CATALOGUE OF MEDICAL BOOKS. Any person who wishes to purchase Medical Books will do well to send to Messrs. S. S. & W. WOOD, No. 261 Pearl Street, New-York, for their catalogue, which will be sent to all post paid applicants, and which will show that they keep as large a stock of Medical Books as is to be found on this continent, and which they will sell at retail at low prices. For a list of their new works see the cover of this journal, the past and present month.

IMPROVEMENTS. We have made arrangements to furnish occasionally Portraits of Eminent Physicians, one of which will appear in our next No., and others as fast as our arrangements will permit. This with our arrangement for original contributions will give our subscribers more real value for a dollar than any other Medical Journal in this country if indeed we should limit our comparison at all.

INFANTILE MORTALITY.—In pursuing this subject in the Boston Journal, Dr. Alcott remarks upon the pernicious influences of maternal dosing and drugging. He says: 'bad as the world is, in other departments of drugging, this is the most prolific of infantile disease, and premature death than all else, except bad cookery.' He thinks that mothers are very apt to be mistaken in the constitutions and idiosyncrasies of their own children, and that they often treat scrofulous children—amounting to one-third or one-fourth of the whole—in a manner diametrically opposite to what they would have done, had they understood the nature of the case, and how the first symptoms of latent scrofula manifest themselves. The hazard of correcting them he considers in exact proportion to their ignorance, and condemns in strong terms the practice of keeping a large assortment of medicines at hand, as a temptation to administer much when little is needed. Physicians experience embarrasment by the irritations and inflammations of the first passages, caused by this injudicious dosing. He refers to some of the systems of quackery in vogue, but does not mention the practice of resorting to the use of secret nostrums, which is such a great and fatal evil in the South, and by which the lives of large numbers of children are sacrificed. The sale of these nostrums in Tennessee is undoubtedly the cause of greater mortality than the sale of intoxicating drinks; and yet, such is the infatuation of the people in regard to this matter, that while the advocates of temperance make the welkin ring with their clamor, this greater evil is rarely ever mentioned in print, or spoken of in public. Mothers in this case are not only very liable to misjudge the condition of their children, as Dr. Alcott says, but take the further risk, of administering to them drugs of which they know nothing, not even the name.

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L. V. BELL, M.D.-D.C.L.

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For the N. H. Journal of Medicine.

[illegible] IN THE TREATMENT OF CHOREA.

[illegible]

[illegible] Part 202, page 77, where may be found a notice of three [illegible] the second in ten weeks, and the third in seven

THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

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(For the N. H. Journal of Medicine.)

CHLOROFORM IN THE TREATMENT OF CHOREA.

The writer, in a practice of more than twenty years, has treated quite a number of cases of chorea, all of which, with a single exception, recovered. But although a cure was attained on the plan recommended by standard authors, viz: careful attention to regimen, and the exhibition of tonics, after correcting as far as possible any existing functional derangements, yet in several instances the disease proved obstinate and annoying; and in none did the remedies resorted to exert any *immediate* controlling influence over the strange muscular contortions that characterize this singular malady.

In a case which came under treatment January 13th *ultimo*, the result was só different and unexpected that it may not be uninteresting to the profession—as showing the effect of a remedy which, though announced several years ago, has probably not been extensively used in the management of this disease. The remedy is chloroform, mixed in equal quantities with the oil of sweet almonds, and rubbed night and morning along the course of the spine. It was first suggested in Braithwaite, Part 23d, page 77, where may be found a notice of three cases cured by M. Gassier, by the topical application of this liniment—the first in six days, the second in two weeks, and the third in seven days.

The case to which attention is invited occurred in a girl aged ten years, of normal development and general good health till five or six weeks previous to the supervention of chorea. She had however been too strictly confined to the house during the winter, while suffering from the irritating and exhausting effects of second dentition, and at length became peevish and had disturbed nights; the appetite was capricious and the bowels torped.

At my first interview twelve days after the commencement of the irregular muscular action, the patient walked with great difficulty, could speak only in monosylables and with peculiar utterance, and frequently after repeated effort, failed to feed herself. The affection appeared to be universal. The left side was first and most seriously implicated, but the muscles of the face and the entire voluntary system exhibited the discordant movements. At night the involuntary jactitations diminished but were not suspended; sleep was much disturbed, the patient often starting in a fright, followed by long continued agitation.

By cathartics and a regulated, nourishing diet, correct action of the bowels was readily secured; and bathing with frictions improved the circulation in the extremities, which had been cold. The patient then had *tinct. ferri. chloride* in full doses—preparations of iron having been heretofore found to be better tolerated and more efficient in this affection than those of zinc. But as no perceptible diminution of the involuntary movements resulted after pursuing this course for seventeen days, the chloroform treatment was added. The liniment mentioned above was first applied at night, and, much to the relief of the attendants, instead of the usual disturbance, quiet rest followed; nor was it afterwards interrupted for a single night. By repeating this application, at the end of a week the involuntary motions had ceased, and the patient has continued steadily to improve.

F. P. F.

February 15, 1855.

(For the N. H. Journal of Medicine.)

THE PHYSICIAN'S RESPONSIBILITY.

BY JAMES M. HARTWELL.

How often do we hear it said by some friend of the doctor, when his skill is questioned, " he will not do any *hurt* if he does no *good.*"

Of whom is this said? Is it true?

This remark is generally made in relation to a class of physicians who have had but few advantages, who have not improved what they have had, or who by nature are not calculated for the profession, and hence are always in doubt what to do, and in their fear and hesitation inspired by ignorance, calculate in prescribing to keep on the safe side and carefully feel their way along with remedies simple in action and small in quantity.

Those who employ them are often aware of these facts, but are obliged to have them as their means will not meet the demands of science from a distance; and unless their family is severely and dangerously sick, they do not feel warranted in seeking the counsel of such as they feel can not only make a correct diagnosis but in making up his prescriptions, acts with confidence, that confidence inspired by a knowledge of the facts in the case.

Is it true that a physician will do no hurt if he does no good?

He has to deal with disease, that may have seized upon some of the most vital parts, and have already so far progressed that nature is not sufficient to the task of throwing off the burden, and without special and powerful aid death must soon close the scene. A man professing to be a doctor is sent for, and whom the people have a right to expect as he is in the profession from *choice*, to be adequate to the emergency. Now the state of the patient is such that active and " heroic" treatment is demanded, but the physician not being posted up in his business, and therefore not daring to take much responsibility, hesitates from the fear induced by not understanding the lesions of the disease, and so prescribes some simple remedy that would do no hurt in any case, and the patient sinks and dies. Can the physician throw off all responsibility under such circumstances, and is it right and fair to say " he did no hurt if he did no good?"

Both the divine and civil law, and we think justly too, hold man responsible in certain cases for *not* doing, as in the case of the "man who fell among thieves," and in case of witnessing acts of cruelty and even murder when from position there should have been something to prevent it.

The law of *right*, we think, justly holds the person as guilty, who takes upon himself *voluntarily* a position and assumes duties in connection therewith, which he is inadequate to perform, for any damage that may accrue from that relation. If a man goes into the practice of medicine when ignorant of disease and its relations to the animal economy, whether from self-conceit or for the purpose of making money, though he may always try to keep on the side of safety by using small quantities of simple remedies, and thus give nothing that would injure any one under any circumstances, still I conceive it to be a well established fact, that there are many cases lost solely for the *want of treatment*, and the physician under such relations *does* vast and irreparable mischief while he *neglects* from any case *promptly* and energetically to meet the indications.

We will suppose a case.

A physician has a call to see a case of pleurisy in simple form, which (according to the books) may be cured by mustard poultice, general or local depletion, or both, by blistering, drafts to the feet, &c., externally, and internally by such remedies as shall check the effusion of coagulable lymph, lower the circulation, and make the breathing easy; with proper instructions about diet and exercise and a second visit, will be all that is demanded. This the patient has a right to expect. He is sick, and in severe pain, he thinks that something *must be done*, and that *soon*, and not knowing *what* he calls the *doctor*. Now if the doctor comes and fails to make a correct diagnosis and to apply the necessary remedies in the case, what is the result? Why, effusion takes place, hydrothorax follows, the patient's sufferings increase, a formidable malady holds dominion, the time for active treatment passes and the final result in the case is the patient dies.

Now because the doctor did *little—no hurt actively* in the case, is he acquitted at the bar of justice? No. He *ought* to have *done something*, and his position and relation to the sick demanded he should do *right*. He knew not how to do his duty, he feared to do *much* lest it should be *wrong*, and for *want of treatment* a life is lost.

I have thought that those practicing medicine for a livelihood, while they should avoid all unnecessary risk in a case so far as treatment is concerned, would sleep as uneasily when they know a patient died because they had too *small a dose* as if it had been *to large*—for in the latter case they would have the comfort arising from the reflection, that they had designed well, and seeing life was dependent on having *enough* treatment, should he *exceed* and lose the patient, he had made an honorable trial and gave the "*doubt in their favor.*"

Having mingled much with the sick and witnessed a great variety of treatment, some good and some bad, some exhibiting thorough acquaintance on the part of the medical advise with the lesions and proper remedies, and some but the vain attempts of empirics and quacks, and the different results, and those results in favor of science I am always grieved to hear persons say of a medical man, "he will not do any hurt if he does not do any good;" for from the very *nature of the case* this is *impossible.*

If the remedies administered are so *powerless* that they will produce no *effect*, of course they will effect no *change any way*, and if they are *effective* and given in such *small quantities* as not to excite the *action demanded*, or if the *wrong medicine* is given though it may do no injury to the case in hand, and injurious result follow, the sin lies at the door of the practitioner who is not adequate by knowledge or nature for his work, and *nature, justice, suffering humanity, broken hearts and crushed hopes—all declare—a great wrong has been done!*

SKETCH OF DR. L. V. BELL,

PHYSICIAN AND SUPERINTENDENT OF THE M'LEAN ASYLUM FOR THE INSANE.

The following brief sketch of Dr. Bell the President of the *American Association of Medical Superintendents of Institutions for the Insane*, is for the most part, condensed from the "Journal of Insanity" for October, 1854. Though for the greater portion of his life a resident of Massachusetts, and devoted to a special branch of Medical Science, Dr. Bell is a native of N. H., and not unacquainted with the "labores et taedia" incident to a general practice. Following the example of the Journal from which the facts of this sketch are extracted, we shall eschew every eulogistic phrase that would naturally flow from one's pen, while discoursing of him, and of his connection with a subject so likely to call up sentiments of earnest feeling, as the efforts to relieve those deprived of reason.

Dr. Bell was born at Francestown, towards the close of the year 1806. His father was the late Hon. Samuel Bell of Chester, who filled successively with high credit, the offices of Judge of the Superior Court and Governor of New Hampshire, and Senator in Congress. Dr. Bell graduated in Bowdoin Col. in 1823, in the classs with Gov. Crosby and Senator Fessenden of Maine, and Prof. Benjamin Lincoln, who was only prevented by premature death from attaining the highest rank in the sciences of Anatomy and Physiology, to which he had devoted himself. In the classes immediately approximate to his, were Prof. Stowe, Hawthorne, Longfellow the Poet, Dr. Ray, author of the "Med. Jurisprudence of Insanity," and Gen. Pierce, now President of the U.S. Upon leaving college, the profession of Medicine was immediately entered upon, and in the attainment of the best advantages, he betook himself to the city of New York, where his elder brother, Dr. John Bell, had been for some time settled in a successful career, and whose connexion with the wide field of practice, opened by the City Dispensary, Eye Infirmary, etc. was believed to offer the greatest practical advantages to a student. He remained in that city, during most of his pupilage, following the practice of the Public Institutions, and attending medical lectures. Considerations connected with the existing condition of medical education in that city, induced him to graduate at an interior school, and he accordingly received his doctorate from the college of his native State in 1826, before the completion of his twentieth year. Judicious friends wisely interfered to prevent his acceptance of a surgical situation, in one of the Columbian ships of war, then fitting out at New York, or indeed, to engage, at all, in the momentous responsibilities of the practice of Medicine, at so immature an age.

Dr. Bell had intended to make his first attempt in professional life in New York city, but he had hardly engaged in the great venture for existence, in that metropolitan lottery, where the prizes fall to so few, when the necessity of accompanying an only sister, in a decline, to try the chances of a Southern climate, broke up his entire preparations, and extinguished his hopes. Her death at the South, and the almost simultaneous decease of his brother, Dr. John Bell, led to an earnest desire both on his own part and that of his surviving relations, whose small circle had been so sadly diminished, to forego the attempt to establish himself in a distant city, and settle himself down near his surviving parent. He accordingly removed to Derry, the native town of the family, and there commenced his professional career, in a field of the most limited and discouraging character. As there happened to be no practitioner of operative surgery in the region, and that being the branch most identified in the public feeling, with eminent ability in all other branches, he soon had a considerable extent of surgical and general consultation practice, gratifying indeed to professional aspirations, but so laborious as to be utterly beyond his grade of physical vigor to endure. An anecdote is related, illustrative of the circumstances, under which his earliest considerable operation—an amputation of the leg was performed. Owing to the violent nature of the injury, and the peculiarities of the patient's constitution, it was deemed indispensably necessary to amputate before inflammation and fever should set in; but upon enquiry, it was ascertained that there were no amputating instruments nearer at hand than Lowell, a distance of twenty miles. Dr. Bell did not hesitate, however, both as to his duty and ability to do the operation, with the rudest utensils, that a country cottage of the humblest description could furnish.. A razor, a tenon saw, and a bent darning needle served him for "*armamentarium chirurgicum*" and the patient survived, during many years, a walking monument of the doctor's skill.

In the leisure intervals of this laborious life, Dr. Bell prepared a dissertation, afterwards published, to which was awarded the Boylston Prize medal for 1834. The subject assigned, was the dietetic regimen best fitted for the inhabitants of New England, and the essay was considered as a triumphant refutation of all, that was worth refuting, in the wild vegetarian theories of the notorious Sylvester Graham. The following year, another dissertation, presented for the same honorable recognition, upon the *External exploration of Diseases*, was adjudged worthy of perpetuation on the annual publications of the Mass. Medical Society.

About this time, a violent epidemic of small pox appeared, in some of the towns adjacent to that, in which Dr. Bell had fixed his residence. Extraordinary panics prevailed, and, it being understood that, during his pupilage in New York, he had had abundant opportunity of witnessing and treating the disease, his services were sought for, in various directions, to attend the fatal malady. At this time, Dr. Bell published a small volume, designed to meet a local necessity, entitled

An attempt to investigate some obscure and undecided Doctrines in relation to Small-pox and varioliform Diseases.

About this period, the attention of certain philanthrophic and enlightened citizens of New Hampshire began to be turned towards some better provision, or rather, towards *some provision*, for its insane. The success of the State Lunatic Hospital at Worcester, in the adjoining State, was rapidly being recognized, and the enquiries, set on foot by Dr. Bell and his associates, developed an amount of human suffering, before unsuspected. Since that period, the wonderful devotion of Miss Dix, and the labors of many others, in various fields, have rendered what was then an almost incredible story of guilt and misery, but a too stale and "thrice told tale." Among those who devoted themselves to this thankless and unpopular effort, to induce the community to awake from its guilty lethargy, deserve to be enumerated the names of Gen. Peaslee, President Pierce, the late Charles J. Fox, and a few others. Time after time the Legislature refused the necessary sanction for an Asylum. Political leaders shrank from the expense, assuming, as they often do, a much lower estimate of the intelligence and moral worth of the people than the facts warrant. Eventually, however, these efforts proved successful, and resulted in the establishment, by private subscriptions and State aid, of that excellent Institution, the *N. H. Asylum for the Insane* the subsequent history of which is not unknown to the medical Profession of New Hampshire.

To subserve this object, Dr. Bell allowed himself to be a candidate for a seat in the General Court. His previous connexion with this subject being generally known, he was an once placed on a special committee having it in charge, and was desired to draw up a report which would operate upon the people. His report upon the number and condition of the insane in the State, and the means of providing for them, was not only ordered to be printed for distribution, but was also reprinted in the Journals of both Houses, as a document worthy of perpetuation in the governmental History of N. H.

Pending the action of the General Court, the project for an Institution was pressed, by him, upon the people by a series of articles in the leading newspaper, and in various extemporaneous addresses. The eventual success of this undertaking, under discouragements and delays of the most disheartening character, may well serve as a lesson of encouragement to all who now are, or may hereafter be engaged in a really great and noble object of humanity, showing how certain it is to

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quirements of those who were fulfilling this demand. To such an extent was this true, that he did not hesitate to declare, that he found insane hospitals disused, and in process of being torn down, which were in every respect, equal to some of those which were just completed at home!

Dr. Bell brought back with him, the earliest accounts, in any detail of the new method, introduced into many of the recent constructions abroad, of effecting a complete and reliable ventilation, by the application of a constant motive power, or what is now recognized as *coercive ventilation*, as distinguished from the previous attempts to remove foul or respired air, by its spontaneous escape. A few copies of Dr. Reid's work on Ventilation, had reached this country about that time, but no attempts had been made to put in practice, what is now recognized as the *only* system. He also took an early opportunity, in persuance of certain examples seen during his absence, to introduce into the Asylum under his direction, a method of heating by the circulation of water, raised to near the boiling point, for the first time used in our insane hospitals. Not long after his return, he availed himself of the occasion of having been honored with the appointment of anniversary orator of the Mass. Medical Society, to enter into a somewhat extended discussion of the topics of Ventilation and Heating. This address made over a hundred pages of one of the volumes of *Communications*, into which, for a long series of years, the Society has aggregated its published matter, and with the illustrative diagrams connected with it, contains most of the facts, doctrines and experience, at that time recognized as bearing upon the subject.

The dissertation by Dr. Bell, originally read before the Association of Superintendents,* upon a new form of disease occurring among the insane, has attracted much attention, and has been well studied by every person engaged in hospital practice among us. The new disease, which when first described, was recogized by but few of his confreres—but very distinctly by those few—is now well admitted by the directors of almost every one of our institutions for the insane, who annually report cases of death from "Bell's disease." Latterly, as this malady has become progressively a familiar and dreaded acquaintance of all, it has formed a frequent subject of the discussions of the Association.

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* See the Journal of Insanity, Vol. VI.

Among the heaviest and most responsible duties, which have fallen upon those who have been at the head of our Asylums for the insane, may well be reckoned their constantly demanded services in the courts of Justice. For the last fifteen years, the cases both civil and criminal, involving the medical jurisprudence of insanity, have been very frequent, and the opinions of *experts* have assumed a controlling influence in such adjudications. Dr. Bell has been called upon the witnesses' stand, in discharge of this most painful, responsible and thankless duty, more frequently in all probability, than any other individual in this or any other country.

Dr. Bell has never but once or twice, since his residence in Massachusetts, assumed any official station. During a single year, 1850, he held the post of Executive Councillor in the administration of Gov. Briggs, but finding that its duties made a much more considerable inroad upon his time and labor, than he had been led to suppose, he at an early period of his incumbency, declined a renomination. In this body of nine members, he made one of the Committee on Pardons, the most difficult and among the most responsible of the Executive duties. It so happened, that during the term of service of that year, some of the most memorable cases in the history of crime were brought before this committee, among which, was the case of Prof. Webster, under sentence of death for the murder of Dr. Geo. Parkman, a romance of crime of world-wide notoriety.

Such have been some of the incidents, personal and professional, in the life of Dr. Bell. His history is mainly that of the development of the progressive efforts of the wise and benevolent of our land, to ameliorate the condition of the insane. After a protracted period of service, longer than has scarcely ever been realized by laborers in this arduous field of duty, he has seen good reasons, in the state of his own health, to decide upon retiring to the shades of private life. Although the dates we have given, show him to be still on this side that climacteric period, at which the "grade changes from ascent to decline," we cannot express surprise, that he should wish to bring to a close, so long and severe a day's labor. A wise man will always prefer to withdraw from office, when he can feel that he is desired to remain, and under such circumstances, that long as his life may be protracted, he can turn his eyes upon the scenes of his labors with gladness and satisfaction.

LECTURES ON FEVER.—By Wm. Stokes, M. D.

Lecture IX.

We were speaking, at the termination of our last lecture, upon the connexion between fever and tubercular deposits; and I showed you, that, in certain cases, we had positive proof of the deposition of tubercle in the lung, where the secondary bronchial affection of fever was distinctly developed. In one case a great quantity of tubercular matter was manifestly secreted during the existence of the typhus state itself, and in the first attack of the disease, the patient having been previously in the best health. In another set of cases there was reason to believe that a small quantity of tubercular matter had been secreted; and although neither the symptoms nor signs of the disease ever led to a suspicion of its existence, yet the expectoration of calculi at periods of different duration after the convalescence, furnished a strong proof that the lesion had actually occurred. And, looking at the entire subject, I think it more than probable that, in many cases, even where this proof of the actual deposit of tubercle has not occurred, the patient has gone through the processes of deposition and of cure of a tubercular disease. The cure may be effected either by absorption, or by suppuration at a number of points, so minute as to elude detection by physical means, the signs being lost, or confounded with those of ordinary bronchial disease. I think that this is likely to occur in many cases in which we have a doubtful convalescence, with a quick pulse and a hectic state, in patients who have had typhus, with severe bronchial disease.

How are we to look on this tubercular secretion as a result of typhous state? Were these patients already subjects of the tubercular diathesis, although no actual deposit had taken place at the time of their being attacked with fever? Or, are we to enumerate tubercular matter as in itself one of the secondary secretions of typhus? I strongly incline to the latter view. This much, at all events, is certain, that, in a large number of cases there were, previous to the attack of contagious typhus, no existing symptoms or physical signs of phthisis, nor did the patients present those constitutional characteristics which indicate a proclivity to tubercle. Tubercular matter, as one of the secondary products of fever, is probably to be looked upon as among the more rare consequences of the disease; for, although we have seen many instances of it, yet, in the great majority of cases of typhus with bronchial disease, there is no evidence of its having ever occurred. Why it should occur in one case, and not in another, we do not know; but it is very probable that there are great varieties in the nature of the typhous deposit in different patients and in different epidemics. It is not unreasonable to believe that the inconstancy which we observe with respect to the seat, the amount, the periods, and the complications of the secondary diseases of typhus, should be also repeated as to their chemico-pathological characters. And thus one patient may have a secretion or deposit which is not tubercular, while another exhibits this alteration to a greater or less degree. All this, you will see, bears strongly on the question of the specific or non specific nature of tubercle; and the facts which we have just now been examining seem to point to the conclusion, that the doctrine of tubercle being a purely heterologous product resulting from a specific contamination of the system, is one which we must be cautious in accepting. But there are other circumstances in relation to this matter with which you should be acquainted.

Hitherto we have been dealing with cases in which the tubercular formation seemed to be, as it were, an accident in the chain of typhous phenomena; cases in the majority of which, at all events, the actual amount of the secretion was probably inconsiderable. I spoke, at our last lecture, of one case in which a great quantity of tubercular matter was formed during the existence of a genuine and well-marked typhus fever; but in the instances hitherto under consideration, we may hold that the tubercular deposit was but a superaddition to the ordinary secondary bronchial disease. Let us now inquire whether there is any evidence of the existence of a fever closely allied to, if not identical with, typhus or typhoid fever, and in which the secondary lesion is purely the deposit of tubercle, the tubercular matter and the fever standing in the same relation one to the other as the matter of the small-pox pustule does to the essential disease of variola. I do not pretend to give you any extended information on this point, but the following circumstances are worthy of your careful consideration.

In the epidemic of typhus fever of 1827 and 1828, the two most remarkable circumstances were, the great prevalence of the follicular disease of the intestines, and the liability to relapse. In a good many instances, it was found that the fever in the relapse was of a more severe character than in the first seizure. You may have observed something of the same sort during the present season; for we have had several instances in which, while the first attack only ran a period of from five to eight days, with the comparatively mild symptoms of what is called typhoid fever, the patients, on relapsing, had severe, long-continued, and maculated fever. In some of them, too, the bronchial system, which had escaped during the first illness, was profoundly engaged during the more severe attack. I may observe here, that the difference in the character of the fever during the first and second seizures is one of the many circumstances which make us dissent from the doctrine, that what is called the typhoid fever is really distinct from typhus; for we see short typhoid fever relapsing into well-marked typhus, and conversely, typhus relapsing into the typhoid form. But this is a digression. It was found that in several instances in which the patients had gone through the first attack of fever, and relapsed, that the relapse presented a group of symptoms very different from those in the primary illness. The fever was much more violent, the sufferings greater, and the local symptoms more numerous and decided. One case I shall never forget. A young woman had gone through the usual primary attack of fever, and recovered satisfactorily. There was nothing either in her previous history, or in the symptoms of her fever, to distinguish this case from that of hundreds that had passed through our wards. After remaining a few days in a state of convalescence, this girl was reported to me as having relapsed. As there was nothing unusual in this, we merely directed the usual expectant and cooling treatment; but on the second or third day of the relapse it was plain that the disease was taking on a new character. The patient had symptoms of local suffering, or irritation, if you will, in all the cavities. The head was hot and painful, and she was delirious; the heart was excited, and the pulse was rapid and wiry; the skin was burning hot, and the general symptoms were those of the most severe ataxic fever, with the greatest agitation and distress.

But I have not yet enumerated all the symptoms of this singular case. We have seen that there were high fever and cerebral excitement; in addition, the patient suffered from unceasing dyspnœa, running into the worst orthopnœa. The countenance was swollen and livid. There was a constant cough, with a scanty bronchitic expectoration, and pain of both sides. Then the symptoms of irritation in the belly were as well-marked. It was greatly swollen, tympanitic, and painful on pressure. The tongue was red, dry, and cracked; the thirst immoderate, and she had frequent diarrhœa. Now observe that no effort of ours produced the slightest alleviation of any of her symptoms; and under this storm of disease she sank on the seventh day from the commencement of the relapse. We found, on dissection, an almost universal deposit of miliary and granular tubercle. I never saw anything like it before, nor have I ever met anything like it since.—The lungs, the liver, the spleen, the uterus, the kidneys, and all the serous membranes, were implicated; and the amount of the deposit, particularly in the lungs, liver, spleen, and arachnoid, was beyond anything that you can imagine. The tubercular deposit was of the same character everywhere. It was the same disseminated tubercle, not the infiltrated. In the lungs no one portion was less engaged than another. The little tubercles, some semi-transparent, others white and opaque, were so closely placed that they all but touched one another; yet each was distinct. There was no inosculation, or running of one into the other; nor was there one among these myriads of deposits that showed any appearance of suppuration. The bronchial membrane was of a deep red colour, and the pulmonary structure, which was nowhere hepatized, presented a bright scarlet hue. In the spleen, which was enlarged, the deposits were nearly as abundant as in the lung; a few of them had attained a larger size and a more granular structure. The pericardium, peritonæum and arachoid, were all studded as closely as possible with the miliary tubercles.

Now, reflect on this case. Who can doubt that this extraordinary deposit was the result of the second attack? The very quantity of it is sufficient to prove this; for, if we even take the lung, no one would believe that this amount of disease could have existed, either before the first attack, or during the period of convalesence, when there was apyrexia and quiet breathing; and, again, remember that all these deposits were in the same, or very nearly the same degree of development; and, again, that this disease occurred in a patient who had gone through her first fever without any remarkable symptoms, and during an epidemic, when relapse was so frequent as to be considered the rule.

Gentlemen, this might be called a tubercular fever. Call it, however, what you will, it was a fever, with secondary lesion, of a peculiar kind. This change, or local disease, was in one sense anatomical, no doubt, in that there was tangible visible alteration; but it set the anatomical divisions of fever at nought, from the fact of its being universal. The disease was as universal, or as essential, as the parent malady or fever which produced it. Why tubercular matter was produced here in such incredible quanties, and in so short a time, we do not know. Why, in the same epidemic, this patient, in common with many others, suffered in this way, while the great majority of the sick recovered, we cannot tell, any more than why one patient in fever, and in the same epidemic, shall have disease in the mucous glands of his intestine; another, congestion, and typhoid deposit in his lungs; another, an enlargement of his spleen; another, a soft heart; another presenting all these changes combined; and so on, with an endless variety. See how all this points to the doctrine of essentialism in fever, no matter where, or to what amount, or under what complications, the local anatomical changes may be found.

In this case, it is probable that the immediate cause of death was asphyxia, for the lungs were almost completely filled with the deposits; but there was so much local disease of the same kind elsewhere that it is difficult to say how much or how little the local deposit in the lungs acted in causing death, especially when we recollect that the fever alone, from its very virulence and malignity, might have destroyed the patient. Had there been a smaller amount of tubercle in the lungs, she might have thrown off the fever, and afterwards died with the symptoms of rapid phthisis. This occurrence was observed by us in several instances during that very epidemic; and in some the period which elapsed between the cessation of the fever and death, with all the symptoms and physical signs of suppurative tubercle, was not more than from ten days to a fortnight. On dissection the lungs were found everywhere filled with softened tubercle, which in many places had formed small anfractuosities.

The observations which I have now made to you refer to the connexion between typhus fever and the occasional production of tubercular matter, as one of its secondary effects; and I think I have said enough to show you, that tubercular deposit and the typhus state frequently stand to one another in the relation of effect and cause. We might now inquire whether there are other forms of essential fevers in which the tubercular deposit is a necessary consequence, in which to use the language at present in vogue, it becomes the anatomical character of the fever. You know that I am not fond of discussing the distinctions of fever. The cases which I have laid before you were examples of tubercular deposit developed in the relapsed period of fever; and although in this relapse certain anatomical characters were developed, we are not on that account to say that the essence of the fever in its relapse was different from that in its first period. You all know that typhus fever may relapse into typhoid fever, and typhoid into typhus. I am compelled to use the expression of one fever relapsing into another, which is an inaccurate one, for want of a better, and you all must know my meaning; but is there any form of fever in which the tendency to produce tubercle, or the actual production of it, is from the very commencement a distinctive character. The following circumstances occurred in the practice of one of the most eminent surgeons in this country, and as far as they go, they seem to prove that there may be a true, essential, and tubercular fever, which also may be contagious, affecting many members of one family.

An infant at the breast, eight weeks old, was attacked with fever. The principal local symptoms were oppression of breathing and fullness of the abdomen. The child refused its food, and death took place at the end of the third week. On dissection, the lungs were found filled with miliary tubercle, and the same deposit was extensively exhibited upon both pleuræ and peritonæum.

The next case, which occurred in this family, was that of a girl, 7 years of age. She took ill just at the period of the death of her sister, and her symptoms were closely similar to those of the infant just spoken of. She had fever, oppression of breathing, and the swelling of the abdomen. It was thought that the origin of this disease might be from malaria, and on this account she was removed to the country; but she died within six weeks from the invasion of the fever. On dissection, a precisely similar state of parts was discovered; the viscera being extensively filled with disseminated tubercle, and yet without any suppuration of the deposit.

Now comes the most important fact connected with this history.—The two brothers of this girl, who had been at school, arrived to spend their vacation just at the time of her death. They came to the country house in which she had died. Their ages were respectively 8 and 9 years. Within the first week the elder sickened; he had fever; oppression of breathing, soon followed by cerebral symptoms; he also died with signs of effusion on the brain; and, on dissection, the pia-mater, arachnoid, lungs, and peritonæum, all presented the tubercular deposit, with the same character as in the preceding cases. Upon his death, his younger brother sickened; in this case, in addition to the symptoms of fever, the local suffering was principally referred to the head. The child, after going through a tedious illness, recovered without showing any symptoms of phthisis. During his illness, the eldest sister, aged 12, became affected with fever, having the same general character as that which was presented in the other cases, but without any decided local symptoms; she also recovered.

It might, perhaps, be better were I to leave these facts before you without comment; but I cannot avoid expressing my opinion, that they go far to establish not only the existence of a form of fever, of which the anatomical result is tubercle, but also that this fever may be under certain circumstances, a contagious fever. Were we to confine ourselves to the division of the continued fevers into the typhus and typhoid types or forms, these cases should be placed in the latter category.—Some might suppose, that the opinion which I have ventured to give as to the contagion in these cases is inconsistent with the doctrine of their being forms of so-called typhoid fever; but you will recollect, that I have impressed upon you to be very cautious in admitting the lines of distinction which authors have drawn between these forms of disease, and you may depend upon it that the number of diseases propagated by contagion is much greater than what is generally admitted. We can found no distinction between typhus and typhoid, and even other forms of fever the circumstance that one of these fevers, as, for instance, typhus, is contagious, and the other not. I have long believed in the contagion of the non-petechial, or, if you will, the typhoid fever of this country. In the epidemic of 1827-28, to which I have before referred, which was essentially an epidemic with the anatomical characters of the typhoid disease, we had abundant proofs of contagion; and in this very hospital many of our most zealous students were at that time attacked wlth fever.

It may be here observed, that although this epidemic was one essentially of the so-called typhoid form characterized by absence of the symptoms of putresence, frequent relapses, recovery by crisis, and in almost all cases evidence of disease of the intestinal glands; yet the attendants on the sick, when they were themselves attacked, presented in more cases than one the symptoms of genuine typhus. It was during this epidemic that I contracted typhus fever; and shortly afterwards one of my clinical clerks, who had been distinguished for his zeal in attendance on the sick, fell ill. We both had bad maculated typhus without the symptoms of dothinenteritis; in my case the disease ran a course of fourteen days; and in neither instance was there any relapse.

INSTRUCTIONS FOR USING BENUMBING COLD IN OPERATIONS.

BY JAMES ARNOTT, M. D.

Although there are several modes of employing intense cold as an anæsthetic, I shall here confine myself to the most simple and generally applicable of these—viz: the placing a frigorific mixture immediately on the part, or with the interposition only of a piece of thin gauze or tulle containing it. This piece of gauze (formed for the sake of convenience, into a small net or bag,) the components of the frigorific mixture, a canvass bag or coarse cloth, a mallet or flat iron, a large sheet of paper, a paper-folder and a sponge, constitute all the articles required for congelation. The common frigorific of ice and salt will generally possess sufficient power; when greater is required, saltpetre or an ammoniacal salt may be added. Every systematic work on chemistry contains tables of frigorific mixtures, as well as instructions for making ice, which, when but a small quantity is required, may be thus artificially procured almost at as little expense as from the fishmonger.

A piece of ice the size of an orange, or weighing about a quarter of a pound, will be sufficient for most operations. It is put into a small canvass bag or a coarse cloth, and beaten, by the quickly repeated strokes of a mallet or a flat iron, into a fine powder. As it is important that the powder should be fine, it is not ridiculously minute to state, that the bag should be turned in various directions during the pounding, and that the pounded ice, squeezed into a cake by the iron, should have its particles again separated by rubbing the bag between the hands. Instead of pounding it, the ice may be pulverized by the ice-plane.

The pounded ice having been placed on a large sheet of paper, any loosely-cohering may be separated by a paper-folder, and the unreduced larger bits removed. Beside it, on the paper, about half the quantity of powdered common salt is placed, and they are then quickly and thoroughly mixed together, either by the ivory folder while on the paper, or by stirring them in a gutta percha or other non-conducting vessel. If the mixture be not quickly made, the extreme cold of one part of it may again freeze other parts into lumps.

The mixture is now put into the net) which may be conveniently supported and preserved from contact by placing it in the mouth of a jar crewer,) and as soon as the action of the salt on the ice appears established by the dropping of the brine, it is ready for use.

In applying the net, the part which is to be benumbed should be placed in as horizontal position as possible; and it is well to raise the net for a moment every three or four seconds, in order to secure the equal application of the frigorific, and watch its effect. If the part be not horizontal, it may be necessary to hold the gauze bag containing the frigorific against it by the hand covered with a cloth; and if the net does not cover the whole of the surface to be benumbed, it must be passed to and fro over it. A moistened sponge placed lower than the net will absorb the fluid escaping from it, or this, on some occasions, may be allowed to drop into a basin placed beneath.

The procedure, as now described, may appear not only troublesome, but as requiring much time. The truth, however, is, that after one or two trials it is unlikely that any mistake will be committed, and the time occupied by the preparation of the mixture and its application should rarely exceed five minutes. So simple is the apparatus required, that, in cases of emergency, I have frequently procured everything but the ice at the house of the patient. The application of a solid brass ball which has been immersed in a freezing mixture, or a thin metallic spoon or tube containing this (with or without ice,) is quite as easy.

The effects of this mode of applying intense cold are various, and their succession is as follows :—When a well-prepared frigorific mixture is brought in contact with the skin, a certain degree of numbness is immediately produced. The skin is rendered paler than natural, but there is hardly any disagreeable sensation produced, not even of cold. In about half a minute the whole of the surface in contact with the frigorific becomes suddenly blanched, evidently in consequence of the constriction of its blood-vessels. This change is accompanied with a feeling of pricking or tingling, such as that produced by mustard. If the application be continued, a third effect is produced; the adipose matter under the skin is solidified, and the part becomes hard as well as white. The tingling is increased by this; but, unless in the most sensitive parts of the body, as the hand and lower part and front of the forearm, it is rarely noticed or complained of. Although this uneasy sensation soon subsides, there will, if the temperature of the part be not allowed gradually to return, and if the cold has reached the stage of congelation, be a renewal of it on the adipose matter again becoming fluid. This gradual return of the natural heat is ensured by placing a little powdered ice on the part, or a thin bladder containing ice and water.

The question how far the refrigeration should be allowed to proceed or which of the three stages just described should be reached, has been answered differently by different operators. In many of the slighter operations, either of the first stages will be sufficient, and the measure just mentioned for effecting a gradual return of heat will then be unnecessary. If congelation of a fat is produced, and the operation is proceeded with before it returns to its fluid state (which is of advantage when it is important to prevent bleeding,) there may be required as Mr. Paget has observed, a modification in the handling of the scalpel; not only, however, is there a certainty that the insensibility both in degree and continuance will be then sufficient, whether the incision is made before or after the fat again becomes fluid, but (what is of equal importance) that antiphlogistic effect is secured, which prevents those consequences which so often prove fatal under common circumstances. On other points there have been great differences of opinion, though probably the results have not been so different as might have been expected. Dr. Wood, of Cincinnati, and M. Richard of Paris, use frigorifics differing from each other in power, as much as 30 deg. F; and Mr. Ward applies the frigorific for only one minute, while Dr. Hargrave applies it for five. Perhaps the longer congelation is continued (and it may safely be continued for double this period) the deeper and the longer continued the produced anæsthesia may be; but it were unreasonable to prolong an operation inconveniently in order that there shall be absolutely no feeling. In exhibiting chloroform the surgeon is not authorized to give a very large and very dangerous dose in order that the insensibility shall be absolute. But if it should appear that a certain continuance of congelation is necessary to ensure its antiphlogistic power, this would be a sufficient reason for always so continuing it.

As respects the credit of the two anæsthetics in the deeper operations, not their real character or merit, chloroform has this advantage over cold, that whereas, from the obscure expression of pain during the patient's unconsciousness from chloroform, and his forgetfulness of it afterwards, it is generally supposed that he suffers none; so, on the other hand, there may be greater complaint made in such operations under cold than is justified by the degree of pain felt, owing to the patient's disappointment (if the matter has not been explained to him beforehand) in experiencing any degree. It is certain that in the majority of operations, or those only involving the skin, the insensibility produced by cold is greater than that produced by the ordinary doses of chloroform; and on this account Dr. Wood thinks it ought, in all suitable cases, to be preferred; but this is a small advantage compared with its perfect safety, and the power it possesses of preventing dangerous inflammation. To its superiority in these important respects must be added the facility with which it may be administered, the retention of the patient's consciousness, and the absence of his dread of sudden death, as well as of the sickness and headache that generally follow chloroform, the freedom from embarrassing hemorrhage, and the assistance which the patient may give to the operator in assuming convenient postures, instead of its being necessary, as in using chloroform, to have an assistant to repress his involuntary movements and struggles.

A few words may be added, in conclusion, on certain misapprehensions that have existed in relation to the use of cold as an anæsthetic.

Dr. Wood states, that although congelation has, in most instances, fully answered his expectations, it has at other times disappointed them. If it be expected that the whole of the pain of a deep operation, as the amputation of a limb, or the excision of a large tumor, is to be thus prevented, the expectation is unreasonable. Unless the frigorific were applied after, as well as before, the incision of the skin, (and it often may be so with advantage,) or unless it were employed of much greater strength, or for a longer time, than has been usual, and after measures have been taken to suspend the circulation through the part, this could not be effected; and the patient ought himself to decide whether, in such an operation, he shall endure the comparatively slight degree of pain caused by cutting the deeper parts, for the advantage of perfect safety, or undergo the risk of chloroform in order to have the benefit of that degree of insensibility (for it is seldom complete) which the ordinary dose of this substance is capable of producing. This risk might indeed be lessened were he to have such a moderate dose exhibited as is usually given in midwifery, after the severe pain from the cutaneous incision has been prevented by cold; and this would probably be adequate to the purpose; but as fatty degeneration or idiosyncrasy cannot be foretold, there is danger in every dose. A death from chloroform in midwifery was lately reported in an American journal; and in the nearly fatal case, occurring in France, alluded to in a preceding note, the dose was small, and was intended, as in the midwifery practice, to produce partial insensibility without suspending the consciousness.

Whether chloroform is used or not, I am confident congelation will soon be considered indispensable in every important operation, as a preventive of erysipelas and phlebitis. The fact ascertained by Dr. Fenwick and other statistical inquirers, that one third of the amputations of the limbs prove fatal from inflammation, leaves no doubt on this subject.

Others of Dr. Wood's failures can be differently accounted for. When the part to be operated upon is inflamed, or the circulation through it is vigorous, "a degree of cold only a little above the freezing point of water" is far from being sufficient. A frigorific of greater strength than 5 degrees below Zero (the strength of ice and salt) may then be required, and it must be kept in contact with the skin until the desired effect is produced. There ought to be no failures in this respect, as there are in the use of chloroform. If the part be sufficiently refrigerated, insensibility of adequate degree and continuous is certainly produced.

It has been mentioned as a disadvantage of cold, that its application is painful. In parts which are naturally very sensitive, or have become so from disease, there may be considerable smarting when the third effect, or actual congelation, is suddenly produced; although even then what the patient feels is little when compared with the headache and sickness often caused by chloroform. Under these circumstances, congelation should be gradually produced; but, ordinarily, there is no occasion for graduation of temperature.

It is unnecessary to refer again to the notion, at first entertained by some, that the redness produced by congelation is symptomatic of inflammation. It arises from a state of the blood-vessels incompatible with inflammation. So far from causing this condition, there is little doubt that, however valuable intense cold may be as an anæsthetic, it is an antiphlogistic that will be chiefly prized, or as a means of preventing or immediately subduing, with perfect safety to the patient, every inflammation within its reach.—*Medical Times.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, APRIL, 1855.

REPORT OF A TRIAL FOR ALLEGED MAL-PRACTICE AGAINST DIXI CROSBY, M. D., *Professor of Surgery, &c., in the Dartmouth Medical College*, pp. 85.

We have before alluded to the prosecution of PROF. CROSBY, and his acquittal on a review of the case.

Prof. C. has published at his own expense the whole trial and all the documents connected therewith, from the indictment to the Charge of Judge Pierpoint.

It amply confirms our opinion heretofore expressed that his acquittal was an act of simple justice, and that the verdict of the Court of 1853, which gave a verdict of damages against him was one of the most unrighteous acts to be found in judicial history.

The facts of the case seem to be that Lorenzo Slack was crushed by a bank of earth which, besides other injuries, fractured his thigh at its upper third. Messengers were sent for Dr. Ira Davis, of Norwich, and for Dr. Crosby, who had been confined to his house for some days by sickness, and declined going out. At his suggestion, Dr. H. B. Brown, of Hartford, Vt., who chanced to be at Hanover, went over to Norwich with the messenger, and in connexion with Dr. Davis made an examination of the case. They decided upon the position of the fracture, and went together to Dr. Crosby for advice as to the proper splint to be used. Gibson's single inclined plane was selected as the best for the case, and at their urgent solicitation Dr. C. accompanied them to see the patient at N., made a slight examination of his condition, and approved the selection of this splint. It is proper to notice that Dr. C. refrained from a minute examination of the fracture, as it had been already done by Drs. Davis and Brown, and he wished to avoid the infliction of needless pain, besides there was a strong probability that the patient would not live through the night.

The splint was made by a mechanic, and the next morning was applied to Slack by Drs. Davis and Crosby.

He was attended by Dr. Davis, Dr. Crosby making a casual call or two some days after.

It was proved that the watchers were in the habit of loosening the fastenings and letting down the extension and wetting the gaiters, contrary to the orders of Dr. D.

On or about the 23d day Slack was moved to his own house, a distance of three miles, also in opposition to the express advice of Dr. D. After he was carried home he was not put in the Gibson splint, but on a rough double inclined plane, and after about a week the limb was found crooked, and was never perfectly straightened. Dr. Davis attended him about a week longer when he left the case in the hands of Drs. Converse and Pierce.

In looking over the evidence it appears to us that Dr. Crosby assumed no responsibility or care of the case, that he, as well as the plaintiff, had confidence in Dr. Davis, that there was a violation of orders in letting down the extension and wetting the gaiters, by which the sores about the ankles were rendered worse if not entirely caused. So far as treatment was concerned we can find no fault with Dr. Davis, but he committed a grave error in continuing the care of the case after a disobedience of his directions, especially was he unjust to himself when he visited the plaintiff after his removal. No physician should continue the care of a case under similar circumstances, even if the patient were nearer relative than in the present case. (Slack being a brother-in-law to Dr. Davis.)

We are forced to the opinion that Drs. Converse and Pierce who treated the case after Dr. Davis left were instrumental in the institution of this suit. It is a mortifying fact that neighboring physicians are often the instigators of suits of this character, and whoever reads the testimony of Drs. C. and P. will perceive evidences of a desire to testify as strongly against the defendant as the facts would permit.

If there had been any ground for an action at all it was against Dr. Davis, who seems only to have escaped because his "brother-in-law" doubted his ability to pay, as one of his witnesses proves him to say, "If I should sue Davis he is a poor devil, and I should get nothing; and I shall sue Crosby, and use Davis as a witness."

Copies of this trial are on sale at the Bookstores in this city.

On Injection of the Bronchial Tubes and Tubercular Cavities of the Lungs. By Horace Green, M. D., &c., &c., &c. (*From the American Medical Monthly,*) pp. 20.

We need not tell any one who is Horace Green, for notwithstanding all the clamors of his enemies and those small men who cannot bear to see the prosperity of another, his name is sure to go down to posterity in honorable connection with the local treatment of the Lungs and their appendages. The pamphlet before us contains a detailed statement of several cases in which Dr. Green injected the Bronchial Tubes, and proved that the injection was made into the Lungs by the breath of the patient passing in and out the tubes through which the injection was thrown.

Now, although we are aware of the danger of misconception to which Dr. Green is liable, and are slightly suspicious that he is riding his hobby of "local cauterization" a little too hard, yet from his past history and the manner in which he has been treated by some of his professional brethren, we are slow to believe some statements which have been made in connection with the pamphlet under notice. We copy the following from the New-York Medical Times, premising that its style is not calculated to give its insinuations credence, and hoping that *that committee* will report soon, and "have mercy" both on Dr. Green and his enemies. If Dr. Green has "misrepresented facts," it is due to the public that the lie be well fastened, and if the misrepresentation is with his enemies we are equally anxious it shall find its father.

In giving an account of the Annual Meeting of the N. Y. State Medical Society, the editor of the Times says:

> "The *most remarkable paper* was read by Dr. H. Green, on "The Cauterization of the Bronchi, and the treatment of Tuberculosis by injections of nitrate of silver into the tubercular cavities of the lungs." *Thirty-two cases* were noticed as having been treated by him *since the* 13*th of October*, 1854, "*nineteen* of them showing unequivocal symptoms of tuberculosis, in different stages; all of which, with one or two exceptions, appeared to be benefitted, some of them greatly, by his method of topical treatment." He adds: "This treatment has already afforded the most gratifying indication that practical medicine will be greatly advanced by this discovery." Now, will it be believed that this same paper, or the substance of it, had *already been read* before the Academy of Medicine on the 3d December last, and referred to a committee *for examination and report;* was published to the world by Dr. Green in the January number of his own Journal, (the Amer.

Medical Monthly,") and sent broadcast over this country, and undoubtedly to Europe. Dr. Green has met the committee several times, both at his office and at Bellevue Hospital, for the purpose of practically testing his operations. Thus far, as we are informed by one of the committee, nothing has been proved, except that Dr. G. has *misrepresented facts* in various particulars; in one case, the autopsy of which we ourselves witnessed, the *operation proved fatal* in less than 48 hours. We ask, then, was it *fair*, was it *honorable*, thus to endeavor to *forestall public opinion*, and endeavor to get the start of the report of the committee, which, he well knew, would be adverse to his pretensions and practices. We submit it to the profession, as we admit that we may be so much biased by our long controversy with Dr. G. that it would be improper in us, at this time, to give our own opinion. We are perfectly willing to leave him in the hands of the committee, beseeching them, at the same time, *to have mercy upon him.*"

RANKING'S HALF-YEARLY ABSTRACT. We have received the January No. of this valuable reprint, published by *Lindsay & Blakiston, Phila.*, of whom it may be obtained postage paid for $2. per annum.

It is filled with valuable matter, and should be generally patronized by medical practitioners.

TABLE OF URINARY DEPOSITS, *with their Microscopical and Chemical tests, for Clinical examinations.* BY JOHN KING, M. D., *Cincinnati, O.*

This is a valuable aid to any one who makes examinations of urinary deposits, containing 13 figures of these deposits as they appear under the microscope.

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REPORTS OF INSANE ASYLUMS. We have before us, *The Twelfth Annual Report of the N. Y. State Lunatic Asylum; The Fourteenth Annual Report of the Penn. Hospital for the Insane; Report of the Missouri State Lunatic Asylum, and the Report of the Butler Hospital for the Insane.*

They contain much information of value to the physician, the statesman, and the philanthropist, and which, did our limits allow, we would gladly transfer to our pages.

The tribute of Dr. Kinkbridge, of the Penn. Hospital, to the memory of Jacob G. Morris, one of the Board of Managers who was lost with the Arctic, is a beautiful example of friendly respect for the memory of a good man.

SANITARY REPORTS OF THE CITY OF BUFFALO. The most important of these reports is the "Cholera Report of the Health Physician," DR. M. NEWMAN, which gives a clear and detailed account of the epidemic which it will be recollected prevailed with fatal severity at Buffalo and its vicinity.

We judge from this report that the authorities of Buffalo are getting waked up on the subject of the public health, and are ready to second the efforts of the able health physician, who has put on the record a mass of facts which must be of value in all coming time.

DR. JOHN H. GRISCOM'S Anniversary Discourse before the N. Y. Academy of Medicine is a well written review of the mutual relations between the People and the Science of Medicine. It abounds in good things, but we have room only for the following:

JANUARY 1, 1854.

The People of the City of New-York,
To the Medical Profession Dr.

To Professional Services rendered in Public Institutions, and to the poor in private, during the year 1853,	$835 458
Cr. By Cash, and entertainment,	27 112
Balance,	$808 346

To which we may add,
Payment not expected.

"The Arabian fiction of Sinbad the Sailor, beridden by the Old Man of the Sea, who clings to his shoulders and sides with a pertinacity which resists every effort to dislodge him, finds a realization in the modern system of Quackery astride the body of Society. The hideous old creature of the fable maintains his position by night and by day, compelling poor Sinbad, by a vigorous application of his heels to his ribs, to carry him wheresoever he pleases; now under the trees, to pluck fruit; anon into the brook to procure drink; and even in sleep he is immovable.

The parallel fails in but one point: for the convenience of the tyrannical rider, Sinbad was a compulsory, Society is a willing, hobby.

"ERROR OF POSITION" AND "LETTERS AND REVIEW OF PROF. P. F. EVE, UPON DR. R. W. JANUARY."

These are two scurrilous pamphlets by "PROF. MILO, O. S. R., OF TRIUNE COLLEGE, HOPEWELL."

Who or what this means we neither know nor care, but whoever wrote the pamphlets has proved himself "a knave, whom it were base flattery to call a villian."

We care very little for the sayings and doings of the American Medical Association, but where any man under pretence of censuring its acts attacks, slanders and abuses the profession and individuals, the censure of every pure minded man is his due.

The language and style of these pamphlets is better fitted to the sporting circles of a large city than to the correct taste of the majority of the medical profession.

WESTERN LANCET. After an absence of a year this Journal has again appeared on our table, and is much improved since last we met. It is edited by L. Wood, M. D., who is assisted by an able list of collaborators. We would like the Jan. No. that we may begin the volume, and hope to see it more regularly hereafter.

A WORK, ON MALPRACTICE. DR. STEPHEN SMITH, one of the editors of the N. Y. Journal of Medicine, has in preparation "*Medical Jurisprudence, in its application to the practice of Medicine, Surgery and Midwifery, in the United States.*"

This will meet a present want, and will doubtless be gladly received by the profession.

IMPROVEMENT. We have made an arrangement with a medical gentleman who has lately sailed for Europe, to furnish for the Journal a series of letters, descriptive of medical matters on the continent as they come under his observation.

TREATMENT OF HEMORRHOIDS, HOOPING COUGH AND URTICARIA. We copy the following practical suggestions from a letter from our friend DR. HUNTON of Hyde-Park, Vt.

"In the Nov. No. of your Journal, there is a lengthy paper on Hemorrhoids by J. G. Richardson, M. D.

I shall not enter into a diagnosis, or pathology of this disease, but relate a simple method I have practiced for years successfully. Medical men do not deal much in specifics, of course my remedy occasionally fails.

If the piles are internal, and bleed, they are seldom painful, in this case, apply astringent injections; if painful on injection, the body of which should be a mucilage, or some bland, soothing substance, a decoction of mallows for instance, with some of the bone ointment dissolved in it, or the ointment introduced into the veterus by any other means, (a recipe for this ointment, is inserted in the Oct. No. of the Journal.)

If the piles are external and painful, I scarify them with a scalpel or lancet, and immediately apply a cloth wrung from warm water to encourage bleeding, this is usually a source of relief. When the bleeding has ceased, apply the bone ointment, if this does not relieve, anoint the part with Copal Varnish, unmixed with any other substance, this will usually cause the tumors to disperse; it may be applied with a feather, and introduced into the rectum in the same manner, to give ease internally.

In costiveness, take Flos Sulphur Bitatrate potash, or cremor tartar aa ii drams, mix with treacle, and take a tea-spoon full three times each day, or enough to relax the bowels. These remedies will usually relieve.

Also in the same No. a paper on Whooping cough.

When this complaint is epidemic in this vicinity I recommend a strong decoction of the root of Cnicus Arvensis, (Canada Thistle) feed the child until emeses is produced, this will mitigate the paroxysms more effectually than any other remedy I have ever prescribed or directed and I have never discovered any ill effects from its use.

Also in the same No. an article on nettle rash, by Dr. G. Budd.

His external application a solution of Acetate of Lead with Laudanum is useful so is a mucilage of elm bark.

In every case of Urticaria the stomach is in fault there is a derangement of this organ with which the skin sympathizes and by this the eruption is produced.

A dose of rhubarb as recommended by Dr. Budd will do no harm and in many cases may be of use. My method for years has been an ipecac emetic with drink of herb tea or warm water.

With this treatment I expect my patient will be free of the complaint in three hours subsequent to the operation of the emetic."

AMERICAN MEDICAL ASSOCIATION. The eighth annual meeting of the American Medical Association will be held in the city of *Philadelphia* on Tuesday, May 1, 1855.

The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article Second of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than one half of this number. The Faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of Army and Navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy was adopted as an amendment to the Constitution at the meeting of the Association held in New York, in May, 1853.

FRANCIS WEST, M. D., 352 *Chestnut St., Philadelphia.*
One of the Secretaries.

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THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

VOL. V. MAY, 1855. NO. 5.

CAUSES OPERATING AGAINST THE MEDICAL PROFESSION.

An Address read before the Strafford District Medical Society, January 17, 1855.

BY T. J. W. PRAY, M. D.

Gentlemen: Amid the various topics which might interest the medical man, each possessing some points of instruction, one is at a loss what to select for the present moment. If I should choose some medical subject, or rather some one of the various diseases which present themselves in the daily routine of our business, it could not be expected that I could add to your present stock of knowledge, or increase your zeal in the noble profession to which you have dedicated your lives, and to which every one who worships at the shrine of Æsculapius should bring his whole talents and energies. All I could do would be to represent to you some new phase of diseased action or phenomenon of disease which nature presents us often to show us the incomprehensibility of her laws.

I have thought, therefore, it would not be amiss at this time to turn our attention from the engrossing medical topics which daily crowd our path, to one that has some claim upon us as men of a common brotherhood, as persons ambitious that our profession should at least be classed with those whose praises are sounded in every avenue of life, and who claim, we think unjustly, the public ear as being the only professions that call for talent and genius.

In the few moments allotted us at this time, I shall speak of some of the "Causes which have and do now operate against the proper standard of the Medical Profession."

As long ago as when we were pursuing our preliminary course of instruction, a common remark was that the most talented sought the law as a profession, the next grade pursued theology, and those who were not adapted to either of these two professions were compelled to study medicine as a last resort. Among the legal profession some such opinions now obtain, for we have heard them advanced within ten years past. Accordingly the medical profession is looked upon as inferior in its standard as compared with other callings. That such a state of feeling exists none can gainsay. And what causes it? Is there any truth in the saying that we can in any respect be denominated as inferior to the profession of law or theology? If not, whence arises this false idea in regard to us? The causes must, we think, originate with ourselves, that either we do not sufficiently respect our calling by admitting to its rights and privileges persons unqualified for its responsibilities, or after they are admitted something creeps in to disturb our relations, and consequently produce an injurious effect upon the world at large in respect to our standing and honesty. Have we always been true to ourselves?

We would not be understood to desire that respect and deference to our profession which were paid to its mysterious origin. In the days of old there was a high regard for the art of healing. Advocates of its principles were worshipped as beings of some superior organization. *Sculpture dignified its originator. This might be natural and proper in the night of time. Humanity was suffering, disease after disease travelled over the earth with unmitigated sway, prostrating all classes of society. No succor was given to the lacerating pains of the body, that made death a welcome messenger. The sick man was left alone on his couch of suffering, with no cordial to his burning lips, no palliative to the agony of his distress. A few friends did only gather around the dying to smooth the pallid brow, but not to give aid to the bodily or mental ailments. No wonder then that he who first attracted the attention of the world by his skill in the healing

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* A few months since a beautiful statue of Æsculapius attending a sick person has been recently discovered in Greece.

art should be held in high veneration, and ever be regarded as an object of worship in those ages where every grace and virtue were dignified as the efflorescence of some divine power. Accordingly war had its deity, wisdom its goddess, and medicine its Æsculapius—the object of divine adoration. We say then that we do not ask for that kind of deference which was extended to our profession in the dark ages of the world, but we would have a due regard paid to it, because of its necessary existence and just demands upon the world at large.

If confidence in the regular profession has abated, it cannot have been from the want of intelligence, nor from the lack of zeal, nor from a want of external objects in the world around us, which will give food for thought and subjects for reflection. All over the world there is the spirit of progress and reform. The most gifted minds of the nation are engaged in the promotion and cultivation of those arts and institutions which grace and adorn our country. The whole intellectual world are vieing with each other in order to take a prominent stand in this progress towards the good and beneficent. It has been our part to do something in the great work around us. We should do this to keep the medical profession up in the scale of progress. Every one, however humble or exalted his talents, has had and now has an important work entrusted to him. It is well if it has been successfully accomplished.

The medical profession has labored zealously in the improvements which were demanded of its votaries. As the course of ages has neared to the high state of intelligence of modern days, medicine itself has kept progress with the advancement around. It has emerged from the darkness of the past into the light of the present. It has forsaken the worthless and useless, and clings as the vine to the sturdy oak, to the good and useful. No one of ordinary intelligence can gainsay but that medical men have done all that could be done to elevate the moral and physical condition of man. And has all their labor been in vain? Have they done nothing to overcome the numerous diseases which have been as so many scourges to the well being of the human race? In moral reforms do not we do as much as any class of men? When any benevolent object comes before society for promotion and success, are we not as forward to engage in its beneficent works as others? This we believe, and the past history of our profession will support us in such a belief.

But is there any thing in the early history of medicine which will not bear comparison with other professions? Because in the past it has been entangled in the web of errors with which men have chosen to envelop it—because men have promulgated theories and instituted modes of practice now considered obsolete—because when the means were few, and resources not ample, men might have resorted to a kind of practice not in consonance with the refined state of modern intelligence, does it follow by any process of reasoning, that the profession is accountable at this present time for all that has passed. It is sufficient that we have forsaken all now deemed worthless, and are endeavoring to lay hold on the true and the right. If a comparison be instituted between medicine and law in their past history, we shall find that the art of healing does not suffer by the comparison. Look at the whole code of laws of England three centuries ago! Their asperity and severity have been softened under the enlightened intelligence of the present. What was once deemed a misdemeanor or crime, is not catalogued as such at the present day. Laws have been enacted. Statues were once multiplied that are now considered a disgrace to the age in which they originated, and to the men cruel enough to act as the authorized guardians of such wickedness. But because of this, the legal profession are not to be loaded down with the sins of past ages, nor are they considered even responsible for errors which now are properly the subject of rebuke and just reprehension. Sufficient unto the day is the evil thereof, and if they can atone for modern sins, it is in our opinion an ample and satisfactory punishment, without a resort to the past.

The medical profession then, in the light of the past, stands in good repute in comparison with other liberal professions. It could not be expected, when the art of medicine was struggling amid the gross darkness of the earlier ages, that man should attain to perfection in its various branches. The whole structure of the human body was unknown. The laws of physiology were undiscovered, and the remedies for disease were few and untried. What was to be gained was by the slow process of experience, and this could not be done in a day. Years could only consummate that which is sufficient to a due appreciation of the laws of our being, and the practice of medicine.. The present knowledge of medicine has not been obtained by charlatanry, nor by stumbling accidentally upon this or that remedy, or law of nature. Scientific research, patient investigation, and the labor of years have been brought to its aid. In many departments we may rightly claim perfection. Anatomy, the most perfect of the descriptive sciences, never could have arrived at its present high standard without incessant toil. We cannot fully appreciate the difficulties with which they had to contend who first investigated the frame work of our system. "They persevered, century after century, not merely contending with impediments growing out of the circumstances of the times, and the imperfect modes of investigation then prevailing, but against prejudice and superstition and persecution. The state of human progress was against them."

Look also at Physiology, and the same can be said of it as of Anatomy, as far as the subject has been investigated. Whoever does bring together in a systematic form, the phenomena which present themselves during the existence of living beings, and to classify and compare them in such a manner as to deduce from them the general laws and principles according to which they take place, may be properly ranked among the most comprehensive minds of the intellectual world. Then, if we look at Chemistry, Materia Medica, or Botany, Zoology, Comparative Anatomy, Mineralogy, and Geology, we shall observe that work has been done by medical men on the most scientific subjects that now claim the attention of the world. "Strip these sciences" last named, says Prof. Ware, "of what has been contributed to them by physicians, or by those who have had the discipline of medical education, and a chasm is left which it would be difficult to fill."

Again, the subject of medicine in all its branches demands of the indvidual talent and research, in order to comprehend it in any just sense. It embraces the whole science of living bodies—and how extensive the field for investigation. The whole life of a physician necessarily must be occupied in the observation and examination of facts, in scrutinizing their evidence, analyzing their character, determining their relations, and coming to a practical decision founded thereon. Our daily business is a field for constant enquiry after truth. We are called hourly to the consideration of diseases which demand a severe examination of evidence in order to ascertain their nature and influence on the human body. He who sits down by the bedside of the sick, and prescribes understandingly has no feeble task, and makes no small effort of the mind. The perceptive faculties must be applied to the work, and when facts are gained, reason as close, and often laborious as he who argues a case before a jury or writes a sermon for the pulpit. There can be properly no extemporaneous prescription, no off-hand sketches of diseased action. We have to deal with disease, not with something that is disipated by the muttering of a few unmeaning words, but with an unnameable something which taxes the whole intellectual powers of the man to grapple with and to subdue.

I am aware that there are persons who recommend and carry out in practice a different principle, who have adopted for their motto "promptness;" a good motto, if applied to business qualifications, and the manner of doing business, but a gross wrong to humanity if used in the investigation of disease, and the suitable remedies demanded for the treatment of it. For my part I would say to him who would recommend such a principle, give medicine to others but me. I had as lief take the proscription of the veriest quack that walks the earth as from him who would adopt such a line of practice. Such is not, nor should be the course of the true physician. He must reason, compare, and keep an object in view when he dispenses his medicines and remedies. Not only so he must meet every exigency of the various diseases upon pure reasoning and scientific principles, as far as he is able.

But to return from our digression. If we look at the medical men who have made themselves distinguished in the path of medical literature and discovery, we shall find that medicine will compare favorably with other professions in this respect. There is Harvey, the discoverer of the circulation of the blood; Bichat, the medical philosopher, whose philosophical researches would well compare with Davy; Jenner, who has conferred the greatest boon uponmankind of any man that ever lived, by the discovery of vaccination; John Hunter, the great founder of modern surgery, whose comprehensive mind enlightened every subject he investigated, and whose zeal in the investigation of subjects unknown in his day, has stimulated thousands of inferior minds into the path he opened by his energy. Had Hunter been a lawyer or statesman, and applied his powers with the same industry and the same acuteness of mind as he exhibited on medical subjects, who can doubt but that he would have ranked high upon the rolls of fame, if not equaled the most discerning minds of his day. Think of Galen, whose industry and zeal were unbounded—a mere index to whose works is one of the most formidable foliosr; Halle, "the statesman, the philosopher, the poet, the physician, who poised upon his Atlantean shoulders a vast amount of erudition"; of the renowned Hoffman, who wrote so many medical works that their titles alone extend over no less than thirty-four quarto pages; of others who sacrificed their health and lives to the investigation of diseases which have prostrated low every class of society. But without particularizing others who have done much to distinguish our profession, and have made themselves eminent, we would remark that philosophy, the fine arts, and almost every branch of literature have been embellished by our labors, and religion from our ranks has had its firm and constant supporters. Also if we take into consideration the style of medical literature, the subjects discussed, the language used as a vehicle of thought, we shall find the writings of the regular profession displaying as much research, clothed in as felicitous diction, and breathing thoughts that affect deeply the true interests of mankind. In this respect, the bettering the condition of mankind, we claim a superiority; for whatever is done to elevate the physicial condition of mankind, renders man more capable to perform the great labors of life. Physicians in this respect have done a large part of this work.

Perhaps it is needless to pursue this part of my subject farther. The past history of our profession will bear a rigid examination, and we shall suffer nothing however severe the ordeal. The reason then why the confidence of mankind as a mass has changed its character, lays in some other causes which we shall now consider.

In the first place, we labor under a disadvantage from the fact we have no one to trumpet our fame, or to understand the noble deeds of the profession. The lawyer's and preacher's merits are spread over the wide world in a short time. Almost every speech is reported in our public prints, and every splendid performance is in the mouth of every one, only to praise. Not so with the physician. He seldom comes before a public audience, or stands up in public assemblies to discuss the great questions which agitate the world. His exploits are silent and unobserved by the outward world. His cures are in the sick room, with only here and there an observer. No one speaks of his success, unless he has friends that take every occasion to push him into notice, or favor and influence are thrown around him for a shield. Even the sick one sometimes just raised by his skill and care, will oftentimes forget the hand that applied means to save his life, and he will turn his back upon his benefactor, unthankful for past favors. His gratitude is lost often when health is restored and life prolonged. But this is not true of all. There are persons who are born with sympathy and gratitude—who feel for others misfortunes—who are like flowers scattered along the beaten pathway of life, to cheer and comfort all. To the medical man these make his life a passport to happiness.

2. The trouble is partly with ourselves. There is a want of sympathy and coöperation in our midst. Some are too apt to forget that others inherit the same right to an opinion with themselves. If worth and talents are directed to the exigences of the profession, it too often happens that base insinuations against the individual are thrown out to detract from his just standing. Envy and slander throng his path. An uncharitable world join in the abuse, to heap injury upon injury. It is a common remark that physicians never agree—that they take every opportunity to injure each other. This, if so, is wrong—wrong to our employers, and wrong to the profession we have chosen, because it begets dislike and mistrust in the eye of the public as to our fairness and honesty. And whatever course of action causes this, most assuredly will reflect deeply on the whole medical profession. We are to be true to each other, true to our patients, and true to the great interests entrusted to our care. The world look with eager gaze on the animosities engendered in our midst—upon the petty feuds excited by minor differences of opinion, or from jealously of success.

We have long admired the course of the legal profession in regard to each other. It is well known that they have adopted a code of etiquette and rules which serve a noble purpose. At the same bar, discordant interests meet together, differences of opinion exist, but how happily adjusted in the court room. If there is a momentary outburst of passion it is soon hushed into silence, and the two contending interests come together, it may be, the next moment in perfect harmony, associated as counsel in another trial. But this is far different with physician and physician. Indeed, formerly it might be said with truth that a contrary rule governed the medical man. This sprung from an over sensitive regard for the standing of the individual. Selfishness too often crept in to mar his happiness and disturb his relations with his brother physician. All should remember that soft words will accomplish more than all the vaporings of an excited brain, that the kind and gentle dropping of rain will effect far more for the good of the parched earth, than the most violent, tempestuous shower.

3d. Difference of practice may be another cause of producing disrespect. Every one does not think alike, nor does every one employ the same medicines in the treatment of disease. Some have tried this, others that remedy, with different success—and hence would arise different opinions as to the efficacy of certain medicines. There is to the uninitiated a seeming jargon in our system which he cannot reconcile, and which is turned to a denunciation of medicine and its virtues. This is natural enough. Men have been accustomed, at least some minds do accustom themselves to see like results from the same causes—to look on with complacency when nothing occurs to mar the symmetry and beauty of their preconceived ideas. When such a thing does happen, as happen it must by earthly power, there arises a vague set of ideas, which have neither philosophy for their basis or common sense for their support. Why is it, asks the disbeliever, if there is any truth in the system of medicine? Why is it that medical men disagree? Why is there not uniformity of practice? Why is it that so many systems of medicine throng the world? Why is it that one class of physicians believe that medicine has but little power over diseased action, and others that every medicine has its specific virtues?

These questions do grow out of our system of practice. But the physician in looking over the system as promulgated by the regular profession, does not perceive any seeming disagreement. He can easily harmonize the apparent difficulties within. If different medicines are employed they are prescribed to combat inflammation, to break up the dangerous tendencies of disease. All aim at the same thing, although different remedies are chosen from the bountiful store which nature has offered to man, to quiet the pains of our ailing bodies.

But we would not be understood to deny that there is not a variance in the practice of many medical men. Indeed such is the fact. There are disagreements in the pathology and nature of diseases. For example, take the treatment of phthisis pulmonalis. Here we notice a wide difference of treatment. One considers it as an acute dynamic force, that demands all the skill and well-directed energies of the physician to combat, and hence resort is made to dieting and depletory measures; another as a consuming and prostrating power that is constantly making inroads upon the vital system. Hence, to keep up the flagging energies of nature and to stop its inroads, a far different mode of practice is ordered. Nourishment is given, stimulation advised to withstand the terrible onset of this fell disease. The modern treatment of fever also is open to this difference of practice. Perhaps all this results from wrong views of the pathology of disease, and it may be said that it matters but little what medication is adopted, provided a good result is obtained. But this is not so. Ill digested and illogical opinions lead to a like mode of action. It is of great consequence that we have sound and well matured views upon the character of disease, then we are less liable to depart from the path of science and true wisdom. But upon this point we cannot enlarge.

4th. In order to be properly respected, we are to require of the public our just and legitimate rights. The physician in many localities is considered a necessary evil—as a kind of drudge-horse for labor and to be entirely shut out from participating in the great duties of life. Accordingly how often the saying goes forth that the medical man has no business to engage in many of the modern reforms, or to embark on the whirlpool of politics. His task is with the sick, and there is his whole business. This is rather humiliating to an ambitious and aspiring man. And no wonder we are not properly estimated—no wonder that the physician is excluded from the emoluments of office and trust, that he is seldom permitted to take an active part in the supervision of our secular and literary institutions. Look at our colleges and academical institutions, and what do we behold! Among the trustees and overseers we observe any quantity of lawyers and ministers, but the medical man is scarcely ever invited to participate in the oversight of them. His services are never demanded, because he has spent his days in comparative obscurity. And if we look at other institutions, the same thing is also noticed. This state of things has been induced in part by a fear of physicians engaging in the active duties of life, especially when there was some controversy in society as to the suitable mode of conducting them to a safe issue—and partly by the instruction and advise of medical men who act as instructors in our colleges. How often do we hear advise like this given to under graduates: "The physician should never meddle with politics—it is not his business." Accordingly the world, quick to reiterate the sentiment, speaks likewise. It has learned the lesson to perfection, and if a medical man dare raise his head above the ordinary business of his calling he is called to an account, and is modestly informed that he has to do with his patients, and nothing in directing the affairs of society or government—not even a voice in one of America's greatest prerogatives, that of voting as his conscience dictates. Medical men have not dared to face these Quixotic dangers of society. Public opinion has been brought against them, and they have feared this too much. They have had to stop and question whether this or that course of action will not injure their business. In other words, they have consulted dollars and cents more than duty, expediency more than right. To what does all this humiliation tend? What is its bearing upon our profession? It lowers us in the estimation of mankind. Our influence is circumscribed. We are debased, and others exalted into public favor and trust, with no better natural advantages. A physician should have opinions. He should enjoy them, and never fear to express them. He is of this world. Its duties and responsibilities are his. His is to shape and direct, not to let others do all this work. He is not bound to stand as an automaton with no physical and moral force over the great problems of life that are awaiting a solution. He has long enough kept silence. The night is far spent, the day is dawning, when we as men of a common origin should strive to extricate ourselves from the false position in which we have wrongly placed ourselves.

We do not desire that the physician should oppose his political and religious opinions into the face of every one, or from over officiousness neglect the duties and responsibilities of his profession. No, far from that. What we mean is that when he is called on in private or public to "define his position," or to express his opinions, he should do so in a manner that others may see that he has deliberately formed and conscientiously believes what he speaks. Will it be said that this, if adopted, will only be a source of evil? If so, let us abandon altogether the profession we have chosen, and seek some other where one is not under this seeming tyranny of opinion. No, gentlemen, I rely on the justness and integrity of mankind to believe that we should not be losers but gainers in the public esteem and confidence, if we pursued a straight forward consistent course, by participating in the great questions growing out of the progress of society.

5th. The success of quackery is an other source of evil to our proper standing. Every where we behold men abandoning old and tried system of belief. False systems have sprung up, and adherents to them will be found, however incredible they may be. In medicine this is particularly noticeable. Within thirty years past new modes of practice have been thrown out to the world, to mislead the susceptible minds of the ignorant. If success has been gained in one or two diseases, this is enough with some to establish their false claims upon the community. No matter if there is not so much success as found in the regular practice. The popular cry is too much medicine is given. We think so too. But we do not believe in infiinitisimal doses, nor in washing away the diseases of mankind. Persons there will be who will be dazzled by these new systems—even by quackery itself, into a firm belief of their absurdities. This is human nature. It is humbling to consider that science and learning are placed on a level with the most ignorant pretensions. But so it is. We must look on the world as it really is. To stop this march of quackery we have a duty to perform. The public mind is to be enlightened. We should appear oftener before the world to instruct. Lectures are to be prepared—subjects discused that will interest and afford instruction. If this were well done it would be an effectual means of suppressing quackery and its numerous ills. Lay before the public the fallacies and incongruities of quackery, and it would be a radical means of checking its farther growth. Enlighten every community into the laws of physiology, and upon those subjects of information which quackery never fails to hold up to the public gaze, we should soon witness progress towards the good. As the matter now stands, in many parts of our country the irregular practitioner holds an equal footing with the regular. This is not so much so in New England as in the Western States. But is there not danger that we are falling into the same degradation.

We have all lived to see the rise and decline of a few false systems of medicine.

Thompsonianism is about extinct. Its falsehoods and injuries have nearly departed. Hydropathy, that potent system for all the ills of life, is on the wane. Cold baths are exchanged for warm ones, or for those luxurious sitz-baths, which have wrought so many efficacious cures, and which are said to lull the enjoyer into gentle repose, and calm the raging of the most excited fancy. Other things are directed. Other luxuries are being invented by these great lights of modern times. They have found it convenient to extol the virtues of cold water, which every one should know, but difficult in our cold climate to induce their followers to practice their rigid recommendations. In New England our comfort and ease are the great objects to which every one is striving.

We are now witnessing the progress of homeopathy, the highest dilution of charlatanry. If we would listen to its siren songs and high pretensions, we should soon have to believe that all the diseases of nature are soon to be driven into oblivion by a simple atom of medicine, so minutely divided as to escape our senses, or so highly diluted, as to reach beyond the bounds of imagination. To a man of sense any such mixture or compound can have no good nor evil, and yet many an intelligent person is led away with this vainest of all delusions. Systems like this will soon find their level. They cannot impose on the credulity of their believers always. They will come into existence meteor like, and will surely die. Light will only uplift the veil of darkness and dispel the mists of credulity. Sound education can only say to the phantoms around, thus far shalt thou go and no farther. The sacrifice of a few such lives as Bishop Wainright's of New York, by the delusions of homeopathy, will do much to unclose the chains of prejudice and open the eyes of the gaping multitude to the shallowness of its pretensions, and the mercenary wickedness of its advocates. Our part to act in this matter is plain and simple. Spread light and intelligence among every class of society. Expose the imposters that are thronging this earth only to destroy, and good will result to ourselves and to mankind.

Gentlemen, although confidence in us may have abated at this time, still we can look back on the history of past ages when as wonderful cures and as strange systems affected the world as now. When virtue was derived by the sick one from the touch of a distingushed potentate, when amulets and songs and charms were employed to dissipate the onset of disease, and destroy its hold on the human system; when persons flocked together from various parts of this country to be healed by virtue of Perkin's tractors. These delusions have all gone. Their inventors have paid the debt of nature. These systems, (if they may be so called,) only remain on the pages of history to be wondered at or laughed over. But notwithstanding, the regular medical profession has survived all these false systems. We still live. For more than twenty centuries our profession has existed. It has increasd in power, in influence, and knowledge. It has possessed the confidence of mankind, and we firmly believe will, as long as we continue to deserve it. Inroads will be made upon us to a greater or less extent, but there is no apprehension in my mind that we shall not have a foothold somewhere in the world. Let us strive to deserve the confidence of mankind and we shall not lose it. Our standard should be higher, our aims nobler, our present knowledge enriched by constant acquisition. Let us not admit any one within the temple of our worship whose hands are not washed from all the pollution of quackery. "Let us do away with the too frequent exhibitions of ill will, jealousy and ingenious animosity, which tend more to degrade our calling and deprive us of the confidence of mankind than the whole array of our irregular rivals, though their name be legion, and we do not doubt the result." The general mass of our fellow race will be with us. They will never be false to us as long as we are true to them and to ourselves; as long as we keep apace with the progress of the age in which we live, and exhibit to the world around our devotion to true science, and our interest in the constant investigation of the laws of diseased nature. Our work may be toilsome, but our reward shall be the gratitude of suffering humanity, and a conscientious feeling of having accomplished "our work" as allotted us by a kind Providence.

(For the N. H. Journal of Medicine.)

PLASTIC OPERATION FOR THE RELIEF OF DEFORMITY RESULTING FROM A. BURN.

BY THOMAS SANBORN, M. D.

JANE JOHNSON, now about ten years of age, was severely burned at the age of four years; the lower part of the face and anterior part of the neck and chest were deeply burned, ulceration followed, and the result was a thick uneven cicatrix binding the chin down to the sternum, pulling the under lip below the chin and exposing the mucous membrane, everting the inferior eyelids, twisting the neck so as to cause the face to look towards the right shoulder, bending the inferior maxillar, causing the inferior incisors to project. The mouth was kept constantly open, and there was a continual flow of saliva, which she was entirely unable to restrain. The assistance of the fingers was required to retain the food in the mouth for mastication, the posterior molars only coming in contact. It will be apparent that this contraction caused a shocking deformity.

In compliance with the urgent request of the friends of the patient, on the 2d of January, 1855, I operated to relieve the deformity, assisted by Drs. Reed of Newport, and Fisk of Bradford.

Dr. Reed administered chloroform, exhibiting much skill in its use, controlling the patient and keeping her safely in a state of unconsciousness during the protracted operation.

I divided the skin across the neck nearly from ear to ear, dividing with it the platisma myoides muscle, and exposing the external jugular vein.

The chin being gradually raised separated the cut edges of the wound so as to leave a chasm six and one-half inches long, and about two and one-half inches in width at its widest part, midway between the points of the elipsis. I cut a pattern from paper of the size and shape of the flap to be raised, which I laid over the deltoid muscle of the left shoulder, and marked around it the line for my incision, which I continued from the left extremity of the wound down the anterior side of the shoulder and up the posterior, leaving half an inch of the integument undivided.

I dissected up the flap and turned it into the gap, which it accurately fitted, and retained it by about twenty sutures. The deltoid muscle being nearly all exposed was partially covered by drawing the skin over it with sutures and adhesive straps, and a compress was applied to the neck and shoulder to be kept wet with cold water. Upon withdrawing the anæsthetic she soon returned to consciousness, exclaiming it was the best sleep she ever had.

Much of the deformity was immediately relieved, the lips could be closed, and the eyes were relieved. The face remained inclined a little to the right, which I concluded to be more from habit than any permanent contraction of the mastoid muscle, and that it would be overcome without its division.

I visited the patient on the fourth, when I found her sitting in a chair, perfectly unconcerned, with scarcely any febrile excitement. The extreme point of the flap for about one third of an inch was gangrenous and afterwards sloughed, with this exception the whole had healed by first intention. I removed the sutures from the shoulder and supported the skin entirely by adhesive straps. The sutures from the neck were afterwards removed by Dr. Fisk, who took charge of the patient from this time; she residing in Newbury, in his neighborhood. The water dressing was continued, and I have learned from Dr. F. that the progress of cure continued uninterrupted, with the exception of the small slough before mentioned, at which point the support of an adhesive strap was necessary, but which soon healed.

The friends report that the wry neck is cured, the eye natural, exhibiting none of the deformity observed before the operation; the saliva is retained in the mouth; the food masticated without the aid of her fingers, hypertrophy of the lips less, and the patient continually improving in personal appearance.

Newport, N. H., April 10*th*, 1855.

(For the N. H. Journal of Medicine.)

SCARLET OR PURPLE RASH.

This affection, in connection with true scarlet fever, has prevailed to some extent in this vicinity during the past winter. As it has assumed a great degree of importance from its almost certain fatality, I wish to point out some of its distinguishing characteristics, more particularly in its present epidemic form.

It resembles the true scarlet fever of the season—scarlatina anginosa—in the following particulars: fever, with extreme quickness of pulse, hot dry skin, great thirst, headache, lassitude, flushed and bloated face; then usually vomiting and diarrhœa ensue, with or without griping pains of the bowels, and white or yellowish coat of the tongue, with bright red points of papillæ projecting through it.

It appears in the same families or in the same neighborhood where true scarlet fever prevails, but fortunately much less frequently. Sometimes there will be one case of this affection to five or six of true scarlet fever in the same family; again a solitary case or possible two cases will appear in a family of several children, the others remaining in health.

But purple rash differs from true scarlet fever in more particulars than those in which it resembles it. The efflorescence is dark red instead of scarlet color—it leaves no white imprint by slight pressure of the finger, and instead of being a diffused flush it consists of granular elevations, which give the dark hue to the skin, and are easily felt on passing the hand over the surface. It appears in patches and usually develops itself later than the eruption of scarlet fever, apparently lingering along for two or three days after it begins to break out, nor does it extend from the face towards the feet with a good degree of regularity. This fever does not run a defined regular course, the eruption may disappear suddenly, but it generally continues many days.

The throat becomes sore almost from the commencement of the disease, gradually increasing in severity till past the height of the efflorescence when it rapidly grows worse. The lips, tongue, palate and fauces are covered with ulcerated patches or canker, which eventually extends through the eustachion tubes to the middle ear. The tonsils are generally and the submaxillary and parotid glands occasionally swollen.

The little patient rolls his head, ploughing the occiput into the pillow—he has an anxious distressed look. At times the paroxysms of pain are much more severe, when perhaps a discharge of pus from the ear will afford some temporary relief. At length, worn out by his sufferings, he dies in from two to five weeks from the commencement of the disease. Sometimes it terminates fatally at an earlier period by congestion of the brain, or less frequently of the lungs.

Such is the description of this epidemic as it appeared under my own observation and that of some neighboring physicians. Every case of purple rash so far as I know proved fatal, while almost every case of scarlatina anginosa recovered. Very fortunately for this community the appearance of measles, which prevailed generally, almost entirely stopped the ravages of scarletina.

As to treatment I have nothing of value to offer. It has been treated here in various ways, with the same result. I therefore leave it here, hoping that some one will be able to enlighten us in regard to it through the Journal. J. DOE.

Cabot, Vt., March, 5185.

(For the N. H. Journal of Medicine.)

HYDROPHOBIA.

Report of two cases of poisoned wounds at the Mass. Gen. Hospital. BY CHARLES BELL, M. D., *late House Surgeon.*

Dec. 18. *George Cox, Æt* 46, *farmer, Middleboro', Mass. Bite,* 13 *hours.*

This patient was bitten in the town of Middleboro' by a dog supposed to be rabid, at half past seven in the morning, and entered the Hospital at half past eight this evening. Has four lacerated wounds on his chin, two on each side, the longest nearly an inch in length. There was considerable bleeding at the time of the accident. Upon entering the Hospital he was somewhat dejected in spirits. The wounds were freely cauterized with nitrate of silver, and he had a bath containing carb. potassa, drachms viij. An emollient poultice was applied to lacerations.

Dec. 19. The edges of wound were this morning cut away and the parts freely cauterized with strong nitric acid A poultice wet with black wash was applied.

Dec. 21. Poultice continued. The eschars are beginning to separate. No pain—bowels regular—house diet.

Dec. 23. Some slight pain, though not enough to give any particular uneasiness. The wounds are suppurating and have a healthy appearance.

Dec. 24. Discharged, *well.*

After biting this man the dog escaped and was pursued into the neighboring town of Halifax, (a distance of five miles,) where before he was overtaken and killed he succeeding in biting the little girl whose case is subjoined.

Dec. 18. *Susan R. Thompsom, Æt.* 7, *Halifax. Bite* 9 *hours.*

Patient is a healthy looking girl. Was bitten this morning about eight o'clock by a dog supposed to be rabid, and entered the Hospital about five this afternoon. She has three lacerated wounds near the left elbow made by the teeth of the dog; also one on the palm of the hand near the thumb, and one on the forehead. There are several slight abrasions of the cuticle upon the forehead and left arm. The wounds were washed and thoroughly touched with nitrate of silver. A bath containing carbonate of potash was given, and a soft poultice applied to the wounded parts.

Dec. 19. This morning the patient was etherized and the edges of the wound thoroughly excised, after which strong nitric acid was applied. This was followed by a poultice wet with black wash.

Dec. 21. The swelling of the face is diminishing. Poultice continued—no pain—house diet.

Dec. 23. Sloughs separating—swelling of face entirely gone—bowels regular.

Dec. 29. No untoward symptom. The sloughs have separated, and the wounds are granulating kindly.

Jan. 5. The wounds on the face and palm of the hand are entirely healed, and those on the arm nearly so. All the functions are well performed.

Jan. 13. Discharged, *well.*

Jan. 20. Re-admitted. Since leaving the Hospital patient has been unusually timid, especially at night. Is afraid to sleep in a room alone, or in the dark, which was not the case prior to the injury. Her nights are restless and disturbed by bad dreams. Appetite is, if any anything, better than usual, especially for meat. She entered hospital at six this evening. This morning at breakfast she had the first convulsive shuddering. While drinking she dropped her tumbler, and soon began to complain of inability to swallow. Since that time she has had paroxysms of shuddering, more or less frequently, which last about half a minute or minute. This shuddering reminds one of the sensation communicated upon first feeling the water in a shower bath, but is more violent. Slight currents of air, a ray of light, or the noise of liquors are sufficient to bring them on. Even the mention of these will sometimes have the effect to produce them. She will carry a spoonful of water to her mouth and then drop it, saying she cannot swallow. Is much afraid of any one approaching her, lest she may be hurt. Fears that the wounds will be cauterized again. Cicatrices are redder than a week ago—has never experienced any uneasy sensation in them. Has felt some nausea for the last twenty-four hours. A blister was applied over the lower cerrical and upper dorsal vertebræ. Compresses wet with strong tinct. of capsicum were applied to the legs from the knees down. At entrance, pulse was 108, and intermittent—it varies sometimes ten beats in a minute.

Jan. 21. Slept but little—very restless—unable to take Dover powder from inability to swallow—exceedingly timid—cried several times from fear in the course of the night. 11, A. M.—Ate a little piece of ice. 4, P. M.—Took a little water from the nurse by means of a spoon—pulse too rapid to count. 7, P. M.—Exceedingly restless—unable to keep her in bed—complains much of sourness of stomach—says she shall die to-night, 'there is so much vinegar in her stomach'—spits continually a brownish saliva—does not like to hear coughing, as 'it makes her faint'—wishes to have her pulse counted, as she 'does not expect to live long'—tounge red. 9, P. M.—Skin dry—tongue red—pulse cannot be counted—took half a drop of dilute prussic acid—spasms are more frequent and severe—was put under the influence of ether. 11 P. M.—Prussic acid repeated—etherization continued. The same treatment was continued with a view to euthanasia until a quarter of one, when she expired.

Autopsy. Ten hours after death. Brain rather livid, with a strong smell of either—all the grey portion rather dark, but nothing else observed. Lungs and heart perfectly healthy—stomach contained abobt two ounces of a greenish brown grumous fluid—otherwise healthy, but pale—Æsophagus, liver, spleen and kidneys healthy—spinal chord, as far as examined, healthy.

LECTURES ON FEVER.—BY WILLIAM STOKES, M. D.

LECTURE X.

There is a case in the small fever ward to which I would wish to direct your attention. Although the patient has convalesced after a long fever, and is now gaining flesh and strength, we have found that the pulse continues rapid. Now, this is a circumstance which must always excite suspicion. In this patient, the signs of abdominal and pulmonary lesion have disappeared, as well as the characteristic expression of what may be termed the condition or state of fever,—yet, we find that his pulse does not correspond with the signs of improvement in all the other functions. It was suggested by Laennec, that the rapidity of pulse in patients after fever might depend on softening of the heart; but we shall see by-and-by, that the true typhous softening of the heart, so far from inducing rapidity of pulse during convalesence, has much more frequently the effect of making it slow; not only slow as considered with reference to the condition of health, but actually falling below the ordinary standard.

Such of you as have studied Laennec's great work will remember, that, in speaking of softening of the heart generally, he states that he found it soft in certain cases of putrid fever; but he held this to be merely the repetition in the heart of the universal degeneration of the muscular structure, to which he gives the name of fishy state of the muscles (*l'état poissœux*). I have but little doubt that Laennec met with true typhus softening of the heart; but he misinterpreted its nature. You may take it as an established fact, that in typhus the heart may be softened to the most extreme degree, while the voluntary muscles remain intact. And you may further rest assured of the truth of this maxim, that rapidity of pulse in convalesence, so far from indicating any remains of the typhus disease in the muscular structure of the heart, is in most cases to be taken as a proof of the existence of some lurking disease, either of the entire system or of some important organs. I say, in most cases, for we sometimes meet with instances in which this cannot be discovered, and where the quickness of pulse seems as if the heart had, as it were, contracted a habit of rapid action, which requires time to get rid of. But these cases are exceptional; and whenever you find rapidity of pulse in a patient who has thrown off his fever, you are to take the alarm. These cases of quickness of pulse are two kinds. In one class the pulse has never lost the rapidity it attained during the fever; or it has, perhaps, come down fifteen or twenty beats in the minute, and its rate then remains stationary. In the other cases the pulse, which had become quiet, rises to 100 or 120, or even higher, and remains at that rate for days together, without our being able to detect any cause for this increased rapidity. This, I think, is the worst case of the two; at least, it appears more often to indicate a new pathological change.

The local diseases which have been found most frequently to attend this condition are of two kinds; one of them is tuberculosis—the deposition of tubercles in the lungs and other parts; the other is the existence of a secondary re-active inflammation in the mucous glands of the intestines. To this subject Dr. Cheyne long ago drew attention, in speaking of imperfect convalescence in typhus fever; and he gives several cases in the Report of the Hardwicke and Whitworth Hospitals, in which patients had recovered well from typhus fever: had to all appearance, regained a certain degree of strength: had regained their appetite: but they showed no disposition to leave their bed; the pulse gradually got quicker and quicker: the belly swelled; diarrhœa came on; and the patients died with symptoms of disease of the intestinal canal. Upon dissection, extensive ulceration of the mucous glands was found in the intestine. These are the two most common of the local diseases which you should suspect when you have a patient who has gone through a long fever with the pulse continuing or becoming very quick.

But now suppose that you examine such a patient with great care. You percuss his chest: you examine the state of his respiration in every way, and you cannot satisfy yourself that there is any disease in his lung; and you will recollect what I mentioned to you at our last lecture, that in most cases of this tuberculosis after typhus there is great constitutional suffering. Well, you may make up your mind, from the absence of all these signs, that the patient is not becoming tuberculous, at all events. When you proceed to examine the abdomen, you will find, perhaps, that he has a good appetite; that his thirst is gone; that the belly is hollow and soft, and there is no tumefaction of it; that there is no tenderness on pressure anywhere; no throbbing of the abdominal aorta; no tendency to diarrhœa—in fact, no one symptom of disease of the mucous membrane of the intestine. And yet, as in the case above stairs, you have a pulse with this unpleasant degree of quickness. I rather think that this man's pulse is now quicker than it was on the 21st day of his illness; and it makes me extremely uneasy about him. Now, gentlemen, suppose that you did not find either disease of the lung or disease of the abdomen, what should you suspect? Generally, in those circumstances, you may suspect that the patient will be attacked by phlegmasia dolens; for we have seen a considerable number of cases in which, after fever, where the pulse continued rapid, this disease exploded. It is, I think, more likely to occur in the non-petechial than in the petechial cases; it is more likely to occur in the long fevers than in the short fevers; it is very liable to arise in patients who have had a fever running on beyond twenty-one days, or thirty days, or forty days. In these patients, after the true symptoms of fever have subsided, they remain with a rapid pulse, and probably, in a week or ten days, symptoms of phlegmasia dolens come on; and the disposition of this venous inflammation is very curious in them, for you will very often find that the patient has two or three distinct attacks of it. It may affect one leg, and you will get the patient through that attack—still the pulse does not regain its natural rate. After a week or ten days, the other extremity will be attacked; and it is even possible that a third seizure may occur, as it were, a relapse of the disease in the part first affected; and in this way the patient will go on laboring under these attacks and their consequences for months together. In most instances, however, the patients recover. In most of the cases I have seen of this acute phlebitis consequent upon fever, there was distinct notice of the invasion of the disease—that is to say, the patient was attacked with pain in the calf of the leg. He was attacked, say in the course of the night, with pain in the calf of the leg; and, when you come in the morning, you find him exhibiting all the characteristics of the disease—a large swelling, pain on pressure, and all the other symptoms. Sometimes you find a cordy state of the superficial veins, at other times not. When you can feel a deep-seated vein, you will sometimes find it in a hard and cordy state.

I think it right to warn you of these curious circumstances, for I am sure that in the course of your practice you will often be in this position—that you will have a patient recovering from fever, and going on in every respect well, except that the pulse does not come down. The rule then is, that if the most minute examination fails to detect disease in the great viscera, you may expect the occurrence of phlebitis.

The term phlegmasia dolens, under these circumstances, is not always applied correctly, for the disease is not always painful. We have seen a few instances in which the discovery of the local affection was entirely accidental. Of course you will not suppose that I am prophesying that the patient above stairs will have phlegmasia dolens; all I say is, that he is in that state which would justify you in suspecting something of the kind.

I have mentioned the rapid deposition of tubercle, ulceration of the intestines, and phlebitis of the extremities, as the diseases we have found to occur most commonly in these instances of unaccountable quickness of pulse after fever. Doubtless there are many more examples of the local disease arising under these circumstances; but the general rule will hold good, that this symptom foreshadows a disease, which, though at first latent, will before long become manifest. These diseases are generally attended with much irritation, and the condition of the patient is rather one of irritation, or inflammation if you will, than of essential fever. And this is one of the illustrations of a circumstance often observed by the clinical investigator, namely, the change of character of disease, locally and constitutionally in the same patient, and within a not very extended period. The typhus condition, generally considered, will change into a different state. The essential or general morbid state will disappear, and a local irritation, with its symptomatic fever, becomes the prominent malady. Nay, you will sometimes find that the very condition of a local disease, formed during the first, the typhus or essential period of the disease, will itself change, and take on the characters of what is termed by some a "healthy inflammation." You may sometimes see this well illustrated in that terrible disease, accompanied by purulent deposits, in many of the articulations. The patients may throw off the typhoid state which attends the earlier periods of the disease, and then the affection of the joints seems to change in its nature, and take on the characters of ordinary arthritis. I have only seen this, however, where one or two of the larger joints had been affected with the primary disease; and it was most remarkable to witness the changes both in the constitutional state and the local affection. It was no longer necessary to use general stimulation; it was no longer improper to employ local antiphlogistic measures.

You will see, in the article on "Hepatic Abscess," in the "Cyclopædia of Practical Medicine," a case which we may well study in connection with this subject. The patient was a middle-aged man, who was attacked with the yellow fever, of which we had such striking examples in the epidemic of 1827 and 1828. You will find a valuable account of this disease in Dr. Graves's "Clinical Medicine." This patient was the first who was saved. The treatment which I adopted on the appearance of the jaundice and the spasms of the belly, was the free application of leeches to the abdomen, the use of calomel and opium in full doses, and a liberal allowance of wine. The man recovered, to our great surprise; but whether from measures employed, or from the circumstances that the epidemic was then losing its malignity, it is difficult to say. However, his recovery seemed perfect; the pulse became natural; the yellowness rapidly disappeared; there was no gangrene of the limbs or nose, and he was finally discharged, to all appearance quite recovered.

Within a fortnight he again applied to be admitted. He was evidently very ill. The pulse was rapid. He had copious sweats. The breathing was hurried, but not labored, and he had a hacking, dry cough. I at first suspected that his case was one of the acute consequent tubercle which I have already described to you. I could discover no signs of abdominal disease, and the physical examination of the chest repeated with great care, from day to day, gave results very different from those which we had observed in the acute deposition of tubercle after fever. There were neither the intense and persisting bronchial râles, nor the progressive dullness; and so I remained in that most unhappy of all positions to which we can be exposed, namely, that of having to treat an acute disease, of which we know neither the seat nor the nature. However, the suspense did not last long. In a few days, and at the time of visits with the class, I found him coughing up purulent matter, and the nurse showed us a vessel which held more than a pint of the same fluid, which the patient had coughed up during the night. The expectoration had come on suddenly. On the day before I had made a most minute examination of the chest, both anteriorly and posteriorly, and had failed to discover any sign of disease. Yet we now found that the posterior portion of the left side, as far as the scapular spine, was absolutely dull. There was no bronchial respiration; no resonance of the voice; and I think no râle. We came to the conclusion that an abscess, probably of the liver, had opened nto the chest. I will not go into the details of our treatment, which was that unsually employed in cases of internal suppuration. The patient rapidly recovered, and left the hospital without the slightest physical sign of disease, either in the chest or belly. During the next ten years I had repeated opportunities of seeing this man, who continued to enjoy the most perfect health.

This case is well worthy your careful study: it shows, in the first place, that rapidity of pulse, after convalescence, probably indicates some profound lesion; next, it shows that we were right to pause in the diagnosis of acute tubercle, when there was a want of correspondence between the physical signs and the constitutional symptoms. It is an additional illustration of the possible existence of hepatic abscess, without perceptible hepatic tumor; and, lastly, it is remarkable, as being the only instance during that singular epidemic tendency to yellow fever, in which organic change of the liver seemed to occur. Dr. Graves dwells strongly on the point, that in none of our dissections did we find the marks of hepatitis; and it is quite possible that, even in this case, during the violence of the first attack—that is, when the patient had the yellow fever, the liver was not inflamed, and that its subsequent suppuration may have been owing either to abdominal phlebitis, or may have been purely the result of a pyogenic diathesis. I assume that the abscess was in the liver; but even this is not absolutely certain. It assuredly was not originally in the chest; and whether the purulent matter made its way into the lung by a perforation of the diaphragm, or whether the case was an example of the vicarious action of the lung, thus removing the purulent matter from the liver, is a question which never can be determined.

As I have alluded to the invasion of phlegmasia dolens after fever, I may mention a case which occurred many years ago in this hospital. All know that intermittent fever is a rare disease in this country. It is not endemic in our vast mountain district, nor in our level boggy plains; and, indeed, for many years we never had a case of ague in hospital that did not occur in the person of one of the laborers who go to the fenny districts of England to cut the harvest. These men are often attacked with ague on their way home; the disease being immediately excited by the cold, wet, and fatigue to which they are exposed on their journey. At the close of the epidemic of 1828, intermittent fever became very general; in fact it was epidemic, and for a time almost every case in our wards was an example of some form of ague. It was at that time that I tried the treatment of bleeding, in the cold stage, as recommended by Dr. Mackintosh. Our results, in a very large number of cases, were decidedly opposed to the practice. Now, at the time when the wards were filled with ague cases, a patient was admitted with symptoms of tertian ague. As was natural when so many cases of the same form of disease were in the house, this case did not excite any special attention, and the man was ordered quinine in the usual doses. But the disease did not yield to the specific; on the contrary, the paroxysms became more severe, and the type of the fever changed to that of the quotidian ague. I then became alarmed. I stopped the use of bark, and proceeded to make a careful examination of the patient. I found no signs of disease in the chest or belly, but it happened that in throwing off the bed clothes for the purpose of examining the lower part of the abdomen, we accidentally exposed the lower extremities. I found the thigh and leg at one side greatly enlarged. The whole extremity was white and elastic, and the saphena vein was in a cordy state. Now this man had never once complained of any local pain or uneasiness, and was as much surprised as we were at the state of his limb. He was treated by leeching, and the use of calomel and opium, and speedily recovered. He had no paroxysm of the fever after the change of treatment.

I have hardly a doubt that this patient's life would have been lost but for the circumstance that we omitted the quinine in time. Not that I wish you to suppose that the phlebitic swollen leg after fever is itself a very dangerous disease; for we have no reason to think it more so than ordinary phlegmasia dolens; but I believe that the persistence in the use of bark in cases of simulative ague is fraught with danger. Indeed, there is here a double danger, for we thus not only neglect but exasperate the acute disease.

You are all familiar with the intermittent fever, which is symptomatic of urinary disease. On this subject, and on the danger of taking the affection for ague, and treating the case with bark, the late Mr. Colles used to dwell with great force in his lectures on Surgery. There are, doubtless, many other instances where a local irritation excites a fever, which for a time at least, has all the characters of a regularly intermitting fever. Puerperal women are liable to this disease; I do not allude to the true puerperal fever; but I have often known women soon after child-birth to be attacked with well marked tertian, or quotidian fever, in whom it was difficult or impossible to discover any local disease of importance. In some there had been an abortive irritation, as it were: perhaps, some tenderness of the uterus, which has been removed by treatment; or, in others, a tendency to inflammation of the breast; but these had subsided, and the intermittent fever persisted. I have over and over seen bark administered in such cases, and always with bad results. The tertian was changed into quotidian, or double tertian—the quotidian into double quotidian, and in one case, where the use of bark was persevered in for a length of time, the patient sank with symptoms of inflammation in the abdomen and the lungs. I believe that for the treatment of this condition we should trust to change of air, good diet, and opium. I have known one case in which the practitioner had given bark to a great extent, with the effect of exasperating all the symptoms, in which, when he ommitted the medicine, and used draughts of valerian, ether and opium, the disease rapidly disappeared.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, MAY 1855.

State Medical Society. We would call the attention of our readers to the approaching (65th) anniversary of this society. And can but express our gratification at the prosperity which it now enjoys, and the promise which it gives of additional and increased usefulness. It will be recollected that we are among those who have for several years urged a somewhat different course of action by the Society, and we are pleased to know that the most important measure of our plan, the publication of our Annual Transactions, is received with universal favor. These transactions, meagre and imperfect as a first effort of the kind would naturally be, have been well spoken of by such of our editorial confreres as have noticed them, and it is conclusively shown that their publication was a step in the right direction.

But the end is not yet, nor ought we to be satisfied with so slight progress, there are many changes yet to be accomplished, some of them of vital importance.

We always have and always shall oppose the feeding operations of the society; it is well enough to pay for the annual dinner from the treasury, but farther than this we look upon as childish and unjust, and know of medical men of character who regard this in so odious a light as to have withheld their membership for no other reason. We hope the members will come together on the 5th of June, with a firm determination to do for the society all which the progressive spirit of the age demands.

To those of our readers who are not members, we would say: Here is an ancient and honorable association designed to benefit the medical profession in this State, individually and collectively, now do you not owe it to yourselves and your profession to give your influence in its favor? We do not claim that it is perfect and we want your aid to make it more nearly so. Shall we not see some of you at Concord in June?

ORATION DELIVERED BEFORE THE PHYSICO-MEDICAL SOCIETY OF NEW ORLEANS, *at their Anniversary Meeting, held December*, 1854. BY A. MERCIER, M. D. P., *Principal Surgeon of the Circus Street Hospital.*

DR. MERCIER has in simple and beautiful language shown that some of the most important operations in Surgery were first performed by American surgeons, and adds a case in which he successfully removed the right ovary for a disease which had been in progress for about two years, and for which the patient had been tapped six times.

"The tumor when extracted, measured nine inches in length, and six in diameter. Its weight could not have been less than six pounds. It was of a fibro-cartilaginous character, and composed of a mass of small conglomerated cysts of various sizes, containing a fluid of the color and consistence of glycerine."

CASES OF POLYPUS OF THE WOMB. BY WALTER CHANNING, M. D., pp. 21.

This is a valuable monograph from an eminent practitioner. It is a beautiful example of the way in which a truly great man states facts, simple, concise, and to the point. Dr. Channing shows that very alarming symptoms, when caused by a non-malignant disease will readily yield to good surgery.

DR. SMITH's work on Mal-Practice, which is advertised on another page, promises to be of great value in a medico-legal point of view. We would call attention to his request for reports of trials and threatened suits.

Back Volumes. We have on hand a few setts of Vols. 3 and 4 of the Journal, which we would gladly furnish to new subscribers for a low price.

We will send them at half the subscription price, or either volume *bound*, and post paid, on the receipt of one dollar.

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A good location for practice, free from competition, can be obtained on very favorable terms. Address the Editor of this Journal, at " East Washington, P. O., N. H.

A COURSE OF INSTRUCTION
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Consisting of five Recitations or Lectures per week, as heretofore, will be commenced by the subscriber on the 28th of May, and continued to the 23d of July.

Text Books.—Carpenter's Elements of Physiology and Physiological Anatomy, (last edition); and Stille's Pathology.

Terms.—$12 for the Course; $1.50 per week for any part of the same.

E. R. PEASLEE.

Hanover, N. H., May 1st, 1855.

N. H. Medical Society.

The sixty-fifth Anniversary of the New-Hampshire Medical Society will be held at the

COURT HOUSE, IN CONCORD,

on Tuesday, June 5th, 1855, at 10 o'clock, A. M.

Annual Address, by the President, JOHN S. FERNALD, M. D., at 12 o'clock, M.

A. H. Robinson, M. D., *Orator*. J. O. French, M. D., *Substitute*.
Wm. P. Stone, M. D., " E. L. Griffin, M. D., "

"It is expected of each member that he communicate to the Society, verbally or in writing, all occurrences in his practice worthy of special notice; as, also, all facts calculated to contribute to the improvement of the Profession."

The Session will be continued two days. The Council will meet at the Phenix Hotel, on Monday, June 4th, at 7 o'clock, P. M.

A punctual attendance is requested.

E. K. WEBSTER, *Secretary*.

Boscawen, May 1st, 1855.

A WORK ON MAL-PRACTICE.

(*Preparing*)—Medical Jurisprudence, *in its application to the Practice of Medicine, Surgery, and Midwifery in the United States.* By Stephen Smith, M. D., Editor of the N Y. Journal of Medicine, Surgeon to Bellevue Hospital, New York, etc.

In no country is the practitioner of Medicine, Surgery and Midwifery, so frequently arraigned in courts of law for alleged mal-practice, and his treatment of disease made the subject of litigation, as in our own. Within the past few years, this branch of Medical Jurisprudence has become so rapidly developed that it is now beginning to assume an importance of the deepest interest to the profession.

It is with a view to illustrate the legal responsibilities of the medical practitioner, in his several capacities as physician, surgeon and accoucheur, that the preparation of this treatise has been undertaken It will be based on the legal evidence which has long been accumulating in our courts, and which must remain unavailable to both the medical and legal profession, until reduced in a systematic work. With patient and persevering effort for several years, so large an amount of material has been collected, as to give positive assurance that a work of this kind can be completed that shall be of the greatest value to the profession, and will strongly tend to arrest the indiscriminate prosecution to which medical men are now subjected.

It will greatly facilitate the preparation of this work, and hasten its appearance, if members of the profession will communicate to the author reports of trials for mal-practice, or any facts relating to cases where suits have been threatened, or instituted and quashed, or in which mal-practice has been alleged in the practice of medicine, surgery, or midwifery.

☞ Communications addressed to Dr. Stephn Smith, Office N. Y. Journal of Medicine, New York, will be duly acknowledged.

May 1, 1855.

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LECTURES ON FEVER.—BY WILLIAM STOKES, M. D.

LECTURE XI.

In speaking of the affections of the mucous membranes in fever, we said nothing with respect to lesions of the larynx or trachea as a result of the essential disease. Taken as a localized disease, I would say that this lesion is not very commonly met with; and we may safely hold, that it is by no means so frequent in the petechial fever of these countries as it appears to be in the so-called typhoid fevers of the Continent. This is the condition to which Rokitansky has given the name of the laryngo-typhus, by which he means a secondary lesion of the mucous membrane of the larynx and trachea, analogous to that of the bronchial membrane. It is, then, a secondary affection of the fever, developed in the windpipe, and either confined to that part, or, at all events predominating in it. I think it highly probable, that, in most cases of this disease, there is more or less of an associated affection of the bronchial membrane. But, so far as the fever of this country is concerned, the converse of the proposition does not hold good; for we constantly see the most profound bronchial affection without tracheal or laryngeal symptoms. We have met a few cases which would answer to the description of Rokitansky's laryngo-typhus. A more proper name for this disease would clearly be, a typhus affection of the larynx. In those cases which we have seen, the symptoms were, loss of voice, or a certain degree of hoarseness; the cough very rarely, indeed, had the laryngeal character, and I do not remember any instance of stridor in connection with the other laryngeal symptoms. In some cases, the weakness or hoarseness of voice continued for a considerable time, and did not disappear until convalescence was far advanced. I have thought, that in these cases, the lesion of voice was to be attrib more to the weakness or paralysis of the laryngeal muscles tha any form of irritation or inflammation of the mucous surface. although we cannot bring any observations from dissection to th light on this point, we may fairly believe that the laryngeal musc are liable to be affected in typhus, just as the muscular fibres of heart are found to be; and that the same process which causes a phus deposit in the mucous surface may be repeated in the voc muscles; and that a certain time must elapse before these organs r cover their healthy condition. They may also be weakened quite in dependently of any structural change, just as we see to occur in the heart; for in this latter organ there are doubtless two forms of debility in connexion with typhus fever,—in the one we have weakness with distinct softening of structure; in the other, a debility which appears to be purely nervous. This leads me further to draw your atttention to the probable existence of similar conditions in the circular, and perhaps, also, in the longitudinal fibres of the bronchial tubes in the secondary disease of typhus. I have little doubt that such a condition exists in many instances, and that a weakness, with or without softening of these structures, becomes an important element in the bronchial disease of fever. If, as some modern authorities have lately urged, these circular fibres are really the expectorating muscles, we can readily see how any weakness or paralysis affecting them would greatly increase the danger of a patient in fever, already suffering under copious secretion into the bronchial tubes. We can further understand, not only how this condition would superinduce what is termed effusion into the chest in fever, but also why it is that in the treatment of the bronchial disease of typhus there is such danger from the employment of the antiphlogistic method, and on the other hand, such admirable results from the bold use of tonics and stimulants. I have before drawn your attention to the fact, that in many of our most remarkable examples of typhus softening of the heart, there was a great amount of the secondary bronchial disease; and in such cases you will constantly see the associated diseases of the heart and lung, progressing or retrograding simultaneously, the treatment adapted to the one being also adapted to the other. In the heart, so far as we know. we have only to deal with the affection of the muscular structure; in the lung we have at least two different forms of anatomical structure affected, the muscular and mucous tissues. But the existence of the essential typhous state so far assimilates them that the vital condition of both is depressed in a somewhat similar manner; and it happens, that whatever is tonic and stimulant to the one is equally so to the other, and that to support and augment the vital energy of both structures, is the only means by which we can add the assistance of art to the efforts of nature in throwing off the disease.

I am particularly anxious to direct your attention to the study of the effects of the typhous state upon the involuntary muscles generally considered; the subject has been by no means sufficiently examined; but I am satisfied, that even independent of all we know concerning pathology of the heart in typhus, there is still much important matter to be worked out with reference to other internal muscular structures. A very common symptom, as you all know, in typhus fever, is that of deafness. Now, although I cannot give you any anatomical observations upon this point, yet I think I am justified in suggesting to you, that this symptom may proceed from a condition which is one of the secondary affections of fever, and that it is either a simple alteration of the power of the auditory muscles, or that this lesion is combined with structural softening, or, again, that it is a combination of a muscular with a mucous disease, both under the influence of the typhus state. Of one thing, at all events, we may be certain, that this symptom in typhus is not to be taken as a sign of inflammation either of the brain or its membrane, or of the ear itself. Like the other secondary affections of typhus, it supervenes in the course of the disease, spontaneously and silently. I have used this phrase before, and you understand what I mean by it. It usually comes in persons who have had no predominance of nervous symptoms, in patients in whom we have had no occasion to direct attention to the head; it is rarely, if ever, preceded by, or accompanied by pain in the ear; it almost always affects both ears, though, in some cases, one organ is more affected than the other; it subsides without treatment, and I do not remember a case in which ottorhœa occurred as a symptom of the affection. You may meet cases of purulent discharges from the ears, especially in young persons of a strumous habit, who have been attacked with earache during their imperfect convalesence; but such cases have no relation to the true typhous deafness with which we are now occupied. As I said before, I have only clinical observation to bring to bear on this matter; we have no dissections to throw light upon it. One of the traditional prognostics in our fever hospitals is, that this deafness may be regarded as a favorable sign. However this may be, we have rarely if ever seen a case in which it occurred prove fatal. A French author has lately published a memoir on the subject of deafness in connexion with the fever of Paris, and he refers to the results of several dissections, to show that it is a symptom of internal otitis. We can only say, that, whatever may be the case in the typhoid fever of the Continent, such a view is quite inconsistent with our experience; and even though we have no dissections to guide us, we may yet safely believe, that the deafness which occurs in the typhus of this country, is no proof of the existence of a local inflammation; and that in its rise, progress, and spontaneous subsidence, it is perfectly analogous to those varied affections which belong to the group of secondary effects of the one essential disease. We have, I repeat, only clinical observation to guide us here; but this is, in itself, a source of knowledge which cannot be too highly prized; one which, under favorable circumstances, gives us more trustworthy results than the most careful *post-mortem* examination. It is often more valuable to determine the state of the living organ, though we cannot see it, than to minutely scrutinize the dead parts. What would Medicine be, if its great principles, maxims, and rules were founded solely upon what we see in the dead body.

You must not suppose that I undervalue pathological anatomy; but let me warn you against the error of considering it as a guide in medicine superior to the study of the living man, or as I might say, the living disease. The study of vital conditions is often found to excel *post mortem* investigations in the evolution of useful results; and there is no class of cases in which this superiority comes out more clearly than in the essential diseases, and especially fevers; no matter whether we seek for a theory of the disease, or for rules of treatment. If we could infer the symptoms of fever from dissection of the bodies of its victims; if we could say that in this case there must have been one class of symptoms, and in another a different order and nature of symptoms; if we could, as it were, mentally re-construct the fever from its organic remains, then, indeed, what I have said would be an unsafe and hurtful doctrine. But it is not so; and the truth appears to be, whether we consider fever in its totality, or having reference to particular symptoms, that the worst fevers are those which produce the least organic change, and that when these changes are to be found, they are, as I have so often urged upon you, inconstant, unnecessary, and altogether incompetent to explain the nature or character of the disease.

Bear in mind, that medicine had attained a great value before pathological anatomy was cultivated. Its rise and progress were solely due to clinical observation; or, in other words, to the study of the vital conditions in disease, and the effects of remedies upon them. And admitting to the fullest extent the importance of the most minute study of the dead structures, especially when connected with the symptoms and history of disease, we must still, I believe, place pathological anatomy in the second rank, as a means of extending our Medical knowledge.

On the other hand, to hold that Pathological Anatomy has not advanced our knowledge of fever would be an error. If it has not told us what fever is, it has shown us what it is not; and this alone is a great boon. But it has done much more. It has taught us to know the singular though varying phenomena of the secondary diseases; it has shown them in their rise, progress, and spontaneous retrocession; it has taught us the reäction of new local organic disease upon them, and also their influence in modifying the laws of periodicity. It has not, however, enabled us to say when we find an organ free from change—that it was not functionally affected during life; nor, again, that where we do find structural alteration—that the disease may not have been latent, that is, unattended by any special or distinctive symptoms.

But let us return to the pulmonary conditions in fever. I have spoken of the bronchial affections, and of the development of tubercle either in the course of a fever, or as succeeding to it in a short space of time. Now, I have a few more observations to make on this subject.

I shall not apologize to you for returning to the consideration of the pulmonary affections in typhus fever. The truth is, that this is a subject on which but little information is afforded by systematic works. We have examined the principal symptoms of the bronchial affections in typhus; and also the history of the tubercular deposits which appear as secondary phenomena of typhus fever.

I suggested to you, that tubercular matter might be considered as one of the secondary deposits of typhus; and that we are justified in believing that, under certain circumstances, there may, with the same original or essential disease, be a variety in the nature of its secondary deposits. You will remember, that we examined two cases of tubercle in connexion with typhus; in one, the deposit occurred at the height of the fever, at the time when all its characteristic phenomena were best developed; in another, there was an interval of apyrexia between the subsidence of the typhus state and the appearance of the tubercular disease. Some might suppose, then, there was no connexion between the second set of symptoms and the first; but is it not more probable, or, at least, is it not possible that the interval of apyrexia was analogous to the intermissions of an ague, and that the deposits in the second attack were still the result of the original disease; or, again, that the first attack had, as it were, prepared the entire organism for the elaboration of another form of deposit? I have before alluded to the fact, that, in the epidemic in which these accidents were most frequently observed, there was a strong tendency to relapse. And, from all these circumstances, I conclude, that the tubercular disease, in the second attack, may still be considered as the result of the typhus poison.

There are other points which this study of the connexion between typhus fever and tubercle helps to illustrate. One of the most important is, that we are led to look at tuberculosis under the aspect of an acute disease. Our views of it are, therefore, enlarged; for, although what has been termed (though often improperly) acute phthisis has been described in books,—yet, in the minds of most men, the idea of chronicity is attached to tubercular disease. But we have seen that a patient may die with typhus fever and its consequent tubercular deposit within fourteen days. And again,—we find, that in the case of the consequent tubercle, that is where the disease has exploded after an apyrexial period, the patient may die with tuberculisation of all his organs, and without suppuration of the tubercle; or he may actually have innumerable softened tubercles in the lung and die of the disease within a fortnight after the commencement of the new attack. Such a patient may be said to have died from acute tubercle; but the term acute phthisis is improper, for the symptoms of consumption are by no means necessarily present.

In speaking of the case in which we made the diagnosis of the formation of tubercular deposits during the course of a petechial fever, I believe that I forgot to mention one remarkable symptom, namely, the extraordinary sweating to which the patient was liable. He had several paroxysms of sweating in the course of each day, and to such an extent, that when we removed the bedclothes clouds of vapor rose from the surface.

It is important that you should not allow erroneous ideas as to the constant chronicity of these affections to take possession of your minds. Even cancer, in some of its forms, may be a singularly rapid disease. I have observed large cancerous tumors to form under the integuments within a very few days before death. They were filled with the soft encephaloid matter. In this case, however, the patient had long labored under a vast cancerous deposit within the chest. But I remember another case which still better illustrates the occurrence of cancer as an acute disease. The patient was under the care of my friend the late Dr. Little, of Sligo. The case is an example of the rapidity with which organs may become cancerous, such as few persons who have not studied Medicine at the bedside could have any idea of. It was that of a lad aged about 18. He had long suffered from neglected ulcer of the leg. On admission into Hospital, he had a vast corroding ulceration, engaging the whole leg from the knee downwards; and so extensive had been the destructive process, and so greatly had the system been exhausted by the suppuration and irritation of the enormous ulcer, that it was determined to remove the limb. For a certain time every thing went on well, the wound healed kindly, and the patient not only recovered his appearance, but actually became fat. He was soon to be dismissed from the hospital, when he was attacked with pain of the right side, and symptoms of intense pulmonary irritation. The disease resisted all treatment, and he died within a fortnight from the period of the attack of the pain of the side.

On dissection the lungs were found almost completely filled with masses of the soft white cancer. These masses varied in size from that of a pea to that of a large walnut. I presented the parts to the Pathological Society. Now, all this singular formation, or at least a very large portion of it, must have occurred in the short time that elapsed between the invasion of the pain and his death; for no one could suppose that with such an amount of disease there could have been perfect freedom from cough or difficulty of breathing.

Before we leave this subject, let me present it to you in another point of view. In these cases we see tubercular disease occurring as a general affection, and not merely as a disease of the lung. In these instances the affection of the lung was simply the production in that organ of a pathological state which engaged other viscera often equally and simultaneously. Now, although we do not say there is no difference except as to rapidity and extent of deposit between these cases and those of ordinary phthisis, yet it is useful to bear them in mind in all our dealings with that fell disease. The progress of Medical opinion is every day tending to the doctrine, that to consider consumption, as the word is usually understood, as an original disease of the lungs, is an error. Why it is that in so many cases the deposit appears to be first formed in the lungs, we do not know; nor why an attack of pulmonary irritation appears so often to be its exciting cause. Perhaps, as in the long, silent periods of an intermittent fever, the disease, even though it be a pure neurosis, still exists, there may be conditions in which the system is ready for the production of organic disease for an indefinite time. This may be true, not only with respect to tubercular disease, but also in many other essential affections, including a variety of fevers. And this disposition, this silent state of the malady, may itself pass away, and none may ever know how near the individual was to the invasion of a dangerous or fatal disease. I do not allude to what is called the latent periods of fever, but to a condition in which the occurrence of a fever or other essential disease is a possible or even probable, but not a necessary consequence. Be this as it may, of one thing we may be sure, that the less we consider phthisis as a pure disease of the lung, the better we shall treat it, and the less, day by day, will it be ranked among the opprobria of Medicine. If consumption be not, strictly speaking, a disease of the lung, but a morbid state affecting the whole economy, you can understand one cause at least, for the too frequent failures of the attempts to cure it. If the pulmonary lesion be but the second step in the morbid process, or if not only the lung, but other organs are engaged,—what are you to expect from adopting the absurd, and often cruel, treatment so commonly used in cases of the disease? The blisterings, the leechings, the setons, issues, and eruptions by tartar emetic ointment, which still disgrace the practice of Medicine, will be soon unknown among our more enlightened brethren. You cannot conceive the amount of suffering inflicted, and of positive mischief done, by the adoption of the doctrine that phthisis is to be treated as a localized, original, and irritative disease of the lung. Ask a practical physician as to his experience of phthisis, and he will often tell you, that, among the few cases in which a recovery took place, there was certain instances in which the patients had, either from despair or some other cause, pursued a course very different from that which is so often advised. I have known myself several most remarkable instances in which a temporary, or even a permanent cure had taken place, yet in which the patients had acted in every way contrary to rules. They had exposed themselves to all vicissitudes of weather; they had taken violent exercise, lived freely, and even drank hard. They recovered; and it is still a question whether this result was owing to the invigoration of the system by the return to their former habits, or the escape from the enervating effects of warm rooms, relaxing climates, cough mixtures, sedatives, and slop diet; to say nothing of the barbarous issue or seton.

You will, perhaps, say, that this is too long a digression; but gentlemen, the study of fever furnishes many a text for useful instruction; and I believe that I am not misusing our time. Let me, before we conclude, give you an illustrative case. Some years ago I saw a gentleman, who came to town laboring under all the symptoms of well-marked phthisis. The disease had been of some months' standing, and the patient was the perfect picture of consumption. He had a rapid pulse, hectic sweating, purulent expectoration, and all the usual signs of tubucular deposit, and of a cavity under the right clavicle. I may also state, that the history of the disease was in accordance in all particulars, with this opinion. I saw this patient in consultation with a gentleman of the highest station in the Profession, and we both agreed that there was nothing to be done. This opinion was communicated to the patient's friends, and he was advised to return to the country. In about eighteen months afterwards, a tall and healthy looking man, weighing at least twelve stone, entered my study, with a very comical expression of countenance:—"You don't know me, Doctor," he said. I apologised, pleading an inaptitude that belongs to me for recollecting faces. "I am," he said, "the person whom you and Dr. —— sent home to die last year. I am quite well, and I thought I would come and show myself to you." I examined him with great interest, and found every sign of disease has disappeared, except that there was a slight flattening under the clavicle. "Tell me," said I, "what you have been doing?" "Oh," he replied, "I found out from the mistress what your opinion was, and I thought as I was to die I might as well enjoy myself while I lasted, and so I just went back to my old ways." "What was your system of living?" said I. "Nothing particular," he said, "I just took whatever was going." Did you take wine?" "Not a drop," he replied; "but I had my glass of punch as usual." Did you ever take more than the one tumbler?" "Indeed, I often did." "How many? Three or four?" "Aye, and more than that,—I seldom went to bed under seven!" What was your exercise?" "Shooting, he said; "every day that I could go out." "And what kind of shooting?" "Oh, I would not give you a farthing for any shooting but the one!" "What is that?" "Duck shooting." "But you must have often wetted your feet?" "I was not very particular about the *feet*," said he, "for I had to stand up to my hips in the Shannon for four or five hours of a winter's day' following the birds."

So, gentlemen, this patient spent his day standing in the river, and went to bed after drinking seven tumblers of punch every night; and if ever a man recovered from phthisis he had done so when I saw him on that occasion. Suppose, now, that he had been confined to an equable temperature, and a regulated diet, and had been treated in all respects *secundum artem*, what would have been the result? Any of you can answer the question. In point of fact, this very treatment had been adopted during the first three months of his illness, and his recovery may be fairly attributed not so much to the duck shooting and whiskey punch, but to the general tonic and undepressing treatment which he adopted for himself, and which his system so much required to enable him to throw off the disease.

LECTURE XII.

I beg to draw your attention to-day to the case of the patient immediately behind the door in the Fever Ward. This man is in a condition to which it is not easy to give a name. It is plain that the man has some form of fever upon him; and he has at one time, as we have learned, been the subject of arthritic fever. At present, there is no evidence of inflammation of any of the joints; it was thought, when the patient was admitted, that there was a tendency to arthritis of one knee; but this has now gone back. The patient is a butcher, and his appearance is exactly similar to that which we so often see in men of his occupation,—a particular sallow hue, as if the blood was not in a healthy state. A great number of persons in this class of life are found to be liable to typhoid forms of disease. If they get pneumonia, the disease rapidly runs into a typhoid condition; if they get arthritis, it is very often of a typhoid character; and in some cases, it even goes beyond this, and we have that curious form of disease, in which, though it at first appears to be arthritic, if you consider the local symptoms merely, and exclude the character of the fever, yet the swellings are found at first to be less in the cavities of the joints themselves than in their vicinities. We find a blush of redness above the knee, or below the knee, or at the side of the knee; and yet, when you come to look for inflammation of the joint. you cannot find it. After a time, this swelling of the surface is slightly increased, and soon it become evident that purulent matter has been formed, and the disease subsequently goes on multiplying itself in various parts of the body. It is a true pyogenic condition. Let me here refer you to a paper by the late Mr. M'Dowel, in the first series of the *Dublin Journal*, entitled, "Observations on Synovitis and Periostitis," in which you will find the best account that I know of the affection. As a general rule, the antiphlogistic treatment must be adopted with extreme caution in men of this class. There are two reasons for this caution. One is, that many of these person are very intemperate, and use spirits and porter to a very great extent; but I believe this is not the principal reason. I think the principal reason is, that their systems are too highly animalized. They often live too much on animal food, eating meat for breakfast, dinner and supper, to the exclusion of vegetable food, so that they may be looked upon as in a state somewhat analogous to the scorbutic condition. At present, the patient whose case we are about to consider, has no very bad symptoms; but I thought it right to warn Mr. Fitzmaurice, in whose charge he is, to be on the alert, for these are very treacherous cases, and we do not know when unfavorable symptoms may show themselves. He has had one symptom which it is of importance to consider with respect to fever, and that is, epistaxis. This patient has had very copious bleeding from the nose.

Now, what may we suppose is the cause of epistaxis in this case? Gentlemen, it is extremely difficult to explain it; but as far as we know, it does not seem traceable to the causes which ordinarily induce this form of hæmorrhage. We do not find it attended with symptoms of active determination of blood to the head, with throbbing of the arteries, and the other symptoms of ordinary active epistaxis; it seems rather to be connected with a dissolved or impoverished, or in some way diseased state of the blood. When we compare typhus fever with that form which gets the name of typhoid fever, with respect to the frequency of this symptom, we find it is much more common in the latter than in the former disease; epistaxis is a common symptom in the non-maculated fevers, while it is rather, I would say, a rare symptom in the petechial typhus. You would not expect this from any *à priori* reasoning, but the fact is so; and there are other facts connected with these two forms of fever which appear to show, that in the typhoid fever there is some condition of the blood more analogous to what occurs in ordinary cases of anæmia, or in chlorosis, than in the true typhus fever. We shall see by-and-by, that with respect to the development of murmur of the heart, it is rare in the true typhus fever; while we have seen it over and over again in the typhoid, non-petechial, and the relapsing fevers. Other arguments might be brought forward to prove this; but, when we speak of diseased states of the blood, we are speaking on very uncertain grounds. There are two facts, at all events, which are of importance—one, that in the true petechial typhus epistaxis is rare, while it is not uncommon in the other forms of febrile disease; the other, that cardiac murmur is rare in the true petechial typhus, and not uncommon in convalescence from the typhoid disease. If you take two reports on fever, one from a British Hospital—an Hospital in London, in Scotland, or in Ireland,—take for example Dr. Cheyne's reports, or any of our extensive reports on fever, and compare it with a report on fever from a Parisian Hospital, and you will see how much more frequent epistaxis is in the Continental fever than in ours.

All of you that have been working so diligently in the fever wards must have observed, that since the session began, petechial fever, in its common acceptation, has been a very rare thing inded with us; almost all our cases have been of a non-petechial character. This is a very interesting point, and the question for us to consider here is, whether this patient has the epidemic of the day, of which epistaxis is a not unusual symptom, or whether, in this case, the hæmorrhage may be traced to a morbid condition of the blood, such as occurs in purpura; or whether he has a pyogenic fever; and these are important considerations; or whether, again, he may not have them all mixed up together; and here, gentlemen, we perceive one of the greatest advantages of clinical study in the actual observation of disease at the bed-side, as distinguished from the study of disease in books, viz: that in studying from books we are generally led to consider diseases in isolated forms, pictures of particular affections; but, in an hospital, we find, that in actual and especially in acute affections, isolation is the exception, and combination is the rule; and these combinations of diseases are infinite. This is the reason why a student of six months' or twelve months' standing, who has worked diligently in a clinical ward, is, I believe, in many instances, a better practitioner than the most learned man, who has drawn his knowledge exclusively from reading, however extensive. Do not suppose from this that I want to decry the study of medical works. Far from it; you must both read and observe; but it is in the clinical ward that you will learn what has not yet been taught, but which must be taught—which has not, at least yet been taught properly in works of practical medicine; I mean the combinations and infinite complications of diseases, both local and general, and local with general.

I was observing just now, in the ward, in the case of the boy who had the pulmonary lesion, (I will not call it pneumonia of the lung,) with a low typhoid fever, (he is under the care of Mr. Daly,) how well this case illustrates the advantage of clinical study. If you take works upon disease of the heart, you find that it is assumed by almost every writer, that the first sound of the heart and the second sound of the heart are to be easily distinguished from each other. There are some persons who, if you were to say to them, in any given case, "I think that I have had considerable difficulty in saying which was the first and which the second sound of the heart," would set you down as very deficient indeed, as one that had not been properly taught, and did not know his business. But the fact is gentlemen, that there are many cases in which at first it is very difficult indeed to say which is the first and which the second sound of the heart. There are cases in which the most experienced man will require repeated observation before he can make up his mind on the point.

It has happened to me over and over again, that, after I thought I had made up my mind by examining at one part of the heart, when I changed the stethoscope an inch or two I was again thrown into doubt.

I mention this to show you how diffident we should be in our opinions upon these subjects, how slow we should be to condemn men because they do not come up to the mark laid down in books. The truth, in fact, is, that they go beyond it—that they are wiser than the authors of such books.

There are two cases in which it is often extremely difficult to say which is the first and which the second sound of the heart. One of these is, that triple combination which is so common, especially in private practice, where the patient has chronic bronchitis, a weak and irregular heart, and congestion and enlargement of the liver. This is a very common triple combination, if you speak merely of local diseases. But there is another element very commonly to be found in it, and that is, the gouty element; so that you may have a gouty man with chronic bronchitis, with a weak and irregular heart, and with an enlarged liver. In such a case it is sometimes extremely difficult to say which is the first and which the second sound of the heart. The two sounds are closely similar one to the other; and the action is so irregular, so uncertain, that you may be often for minutes together with the stethoscope carefully applied, and yet not be able to make up your mind. This is one case. Well, take another—such as that of the boy above stairs.

This boy presents some very curious phenomena; and he illustrates, again, difficulties which you would not anticipate, if you merely depended upon the text books for a diagnosis of disease of the heart. There are two difficulties here. It is difficult to say whether the murmur which he has, belongs to the first or to the second. But there is a greater and a still more important difficulty in this case, viz: to determine whether this is an organic murmur or an anæmic murmur; and I am not ashamed to say that my own mind is not made up on the subject. In short, I could not take upon myself to say which it is. It would be very easy to adopt one theory or the other, and to argue in a very specious manner upon it; but I know thoroughly the difficulties of the subject; and I declare to you, that I think, at this moment, it would be hardly possible to say whether this boy has disease of the valves of his heart or not. There is one consideration connected with the case which is drawn, not from physical examination at all, but from the general history of the patient, and it is this, that, while organic murmurs are rare—very rare in the form of disease which he has had—inorganic murmurs are comparatively common.

This is a very strong point. We are here under this difficulty, which you meet with every day in private practice,—that you are called on to give an opinion when the data that should guide you in that opinion are deficient. We want to know the previous history of this boy. If, instead of being in hospital, this boy were a patient in private practice, and had been under your care, and you had been the attendant on his family for years together, and were familiar with him, and intimate with the state of his heart, you would be able to say, first, if he ever had carditis; next, whether, before his late attack, he had murmur in his heart or not; but we know nothing of all this; and the only fact we have to go on is the observation of Mr. Daly, that, when the boy was first examined, this murmur was not there at all. I myself have no doubt as to the correctness of this observation of Mr. Daly; my own opinion is, that, whether the murmur be organic or inorganic, it has been developed since the patient came into the house. Can we distinguish by acoustic signs alone, gentlemen,—and this is a point which bears on the subject of fever in a most important manner,—the inorganic from the organic murmur? The answer to that question is, simply,—that, in the present state of our knowledge, there are many cases in which we cannot do so; that there is no special acoustic character by which you can distinguish one of these phenomena from the other, This looks like a depreciating statement, as far as diagnosis is concerned; but the cause of diagnosis would be much more injured by attributing to it powers which it does not possess, than by confessing its deficiencies. The diagnosis, in the case in question, is to be drawn from other circumstances,—generally speaking, from circumstances connected with the condition of the patient, the absence of the signs of inflammation, and a variety of other points which we will consider more in detail on another occasion.

To come to the murmur in fever, the observation has been made in a considerable number of cases, that valvular murmur, when the patient is made to sit up, does not disappear; but, we have found in this hospital that, in many cases in which a murmur was observed after fever, it was ascertained, that, when the patient was placed in an upright position, the abnormal sound disappeared, or, if it did not disappear altogether, it became greatly less intense; so that the disappearance of the murmur in the upright position is in favour of its inorganic nature, while its persistence or aggravation is in favour of its organic origin. So far so well. But, you will ask, is this rule absolute? That is a question which must be answered in the negative; for you will meet with cases of anæmic murmurs which are not influenced by position; and I believe there are, on the other hand, cases of organic murmurs which are influenced by position. There are, doubtless, some cases of organic murmurs in which, when the heart is made to act rapidly, the murmur either disappears, or becomes lost in the other cardiac sounds, so that you cannot distinguish it.

My own impression about the patient, whose case we are at present studying, is that the murmur is inorganic. I trust it is; but I would not say so positively. I say this, because the character of the sound, although it is very aggravated,—although it approaches very closely indeed to the inorganic murmur,—is similar to a kind of murmur which I believe we, in this hospital, were the first to describe, that is, the true muscular murmur of the heart,—a sound produced simply by the contraction of the muscular fibres when they do not contract *per saltum*, when they contract vermicularly, as it were; it possesses more this character than the character of the true valvular murmur. There is another point connected with it which is of importance. If this murmur was valvular, it would imply a great deal of disease; a rough, rasping murmur in the situation of the aortic valve implies generally a great amount of disease, and commonly of chronic disease; and, under these circumstances, you may be prepared to expect that the patient will show other signs of disease of the heart. So that we here have a diagnosis drawn, as I often observed to you before, from that most important source, the want of accordance of the symptoms. There is here, supposing the case to be organic, a want of accordance of the symptoms; for we should expect, that with this great amount of valvular disease, there would be signs of dilatation of the left ventricle, that there would be signs of dilatation; symptoms which commonly attend upon this form of disease of the heart. And yet here is a most curious fact, that even when this boy had one of his lungs almost entirely obstructed,—a condition which often acts in developing latent disease of the heart,—even at that time the symptoms of heart suffering were not at all remarkable. So that there is here, to a great degree, this want of accordance in the symptoms; and this is against the opinion of the disease being organic, and in favour of the view that the murmur is of a functional nature. The great mistake, gentlemen, that was made,—I am happy to say that it is now going out very fast,—in connection with auscultation generally, was this; it was supposed that every disease had its special acoustic sign, and consequently the attention of students and physicians was directed to the study of those signs in a purely mechanical point of view,—merely to the observation of their acoustic characters.

There can be no doubt that it is of the greatest possible importance to study carefully everything connected with a diseased organ, both its physical and its vital phenomena; but what you have to learn specially is this; not so much how to detect the sign, or how to recognise it, as to know how to reason upon a particular sign when you have discovered it. It is here that the clinical student of long practice and experience has the greatest superiority over the mere reader. His mind is trained to reason upon the phenomena which he observes. Here we have a group of phenomena; and if we did not give ourselves the trouble of turning every possible point of the case over in our minds, we would come, I am sure, to a very imperfect and erroneous conclusion about it.

Bear this in mind always, that there is no pathognomonic physical sign of any disease whatever. This cannot be too strongly stated and I believe that we might go further, and say, that there is no combination of mere physical signs which, excluding the history and vital symptoms, can be justly considered to be pathognomonic; at all events, if there be such a combination, it is one of extreme rarity indeed. We hear of certain murmurs being pathognomonic signs of this and that disease of the heart,—of friction sounds being pathognomonic of pleurisy—of crepitating râles being pathognomonic of pneumonia—of amphoric sounds being pathognomonic of effusion into the pleura. All this is wrong; it is based upon error; and you must expunge it altogether from your minds, if you wish to be accomplished physicians, investigators of truth, and faithful observers of disease as it is found at the bedside.

REMARKS UPON THE USE OF BEVERAGES IN SICKNESS.

BY L. A. DUGAS, M. D.

Without intending for a moment to undervalue the importance of a judicious selection of the more active remedial agents in the treatment of disease, the writer nevertheless feels persuaded that much of the success of these, very often depends upon the use of proper adjuvants. The signal advantages frequently derived from the opportune administration of an enema, foot bath, cold effusion to the head, or even a cup of tea, broth or gruel, must have been obvious to every discerning practitioner. And yet it is only at the bedside that the young physician can derive much information upon the subject, as these matters of detail cannot be, or are not included in such works of general practice as are usually placed in their hands. Treatises and Lectures upon the general principles of Practice are unfortunately but little relished by students, while they read and listen with avidity to specific plans of treatment, and never fail to note down any *recipe* that may be proposed. The more violent, heroic and perturbating methods are, however, gradually giving way to milder and more judicious medication, and palliatives consequently increase in importance. The skill of the practitioner will be found to consist more in the relief of existing symptoms than in the prescription of specific formulæ learned by rote and aimed at a name.

The use of aqueous beverages, especially in acute affections, is now so common that it cannot be a matter of indifference whether the patient partake of the one or the other of the many varieties ordinarily resorted to. The belief that the water they contain is the sole agent of value in their administration is too conclusive, and prevails to too great a degree. By the ingestion of large quantities of water, and the great facility with which it is imbibed by the coats of the stomach and intestines, carried into the portal system, and from thence introduced into the general circulation, the blood is diluted and rendered less plastic, whilst the repletion of the vessels thus induced, gives increased activity to the emunctories—viz: the skin, lungs and kidneys. The experiments of Magendie demonstrate very satisfactorily that the secretions are increased in a direct ratio with the repletion of the blood vessels, and vice versa; that absorption is promoted in proportion to the diminution of the circulating mass. While, therefore, in the treatment of acute diseases, which are generally inflammatory, copious beverages are usually found to be useful, by diminishing the plasticity of the blood, and promoting the elimination of noxious or effete principles, their propriety is very questionable when it becomes necessary to favor absorption, as is frequently the case in chronic engorgements, serous effusions, or other deposits. When venesection is practiced, the volume of blood extracted is very soon replaced by water; whereas, by withholding such beverage, the partial vacuum of the vessels brings into them the circumjacent fluids with whatever disintegrated matters they may hold in solution. Thus it is that we may satisfactorily account for the agency of depletion and abstinence in the promotion of absorption. Yet it cannot be a matter of indifference whether the drink be acid or alkaline, stimulating or sedative, mucilaginous or acrid, laxative or astringent, nutricious or not. We resort, daily to beverages which, in addition to the diluent property of water, unquestionably present more of the peculiarities just referred to; and we should endeavor to select such as may be best adapted to each particular case. A brief enumeration of some of those in common use, and an appreciation of their peculiarities, may enable us to present our views more forcibly. They may be advantageously arranged under distinct heads, indicative of their most prominent properties.

DILUENTS.—Of all beverages, water, at the ordinary temperature of spring or well water, will be generally found the most agreeable, as well as the best, when the desired effect be simply to allay thirst or dilute the blood. Indeed, the cravings of nature so strongly indicate the propriety of cold water as a beverage, in the fevers of our climate, that one cannot look back without a sense of horror upon the time when patients were pertinaciously denied this luxury, notwithstanding their heart-rending entreaties; when they were compelled to linger through longer attacks of sickness, with parched lips and cracked tongue, lest a sip of cold water might perchance disagree with the stomach, check the perspiration, or expose them to mercurial salivation! In no particular has modern practice displayed more good sense and humanity, unless it be in the abolition of chains and the lash in the treatment of insanity, than in allowing the sick the free use of drinks, especially in Southern fevers. A draught of good cold water will often act like a charm, quieting the stomach, and inducing copious excretions from the skin, kidneys and lungs.

The facility with which ice is now procured in most of our towns, has led to the very free use of iced water; and, however grateful and beneficial this may be in many cases, there are circumstances in which the propriety of its use is at least questionable. In irritability of the stomach, with or without phlogosis of this viscus, iced water very generally gives great relief; but in affections of the bowels, we think it decidedly objectionable. In both diarrhœa and dysentery, its bad effects are almost immediately marked by the supervention of pain and a desire to go to stool. It should also be avoided in colicky affections, whether partaking of the nature of obstructions, of spasms, or of flatulency. In bowel affections we always give the preference to warm or hot drinks. According to our bedside observations, iced beverages should be avoided in pulmonary diseases, and in affections of the head. We have frequently found them to induce paroxysms of coughing and dyspnœa, lung complaints, as well as pain and cerebral disturbance in affections of the brain, while tepid or warm drinks do not produce such effects. The rationale of such consequences is so evident as scarcely to need an explanation. The principle is here the same as that upon which we account for the injurious effects resulting from the exposure of one part of the body to cold when another part is predisposed to or actually suffering from inflammation. No one would think of plunging in iced water the feet of a patient laboring under affections of the bowels, thorax or head; nor should the stomach be filled with ice water under such circumstances, although this organ may be benefitted by cold applications of the kind to its own surface when this is affected. The same remarks may be applied to acute affections of the skin, and old women are therefore not wrong in objecting to iced drinks in scarlatini, measles and small pox, however much they may err in insisting upon keeping the body excessively warm.

In the *cold* stage of our fevers, we think warm drinks preferable to cold ones. They hasten the termination of the chill and bring on perspiration much sooner; and though they may be more apt to induce emesis, the very efforts to vomit materially determine the circulation to the surface, and consequently abridge the cold stage.

DEMULCENTS.—Under this head we may place all the mucilaginous infusions, as those of Flaxseed, Slippery-elm bark, Prickly-pear, Bene leaves, Gum arabic, &c. These are nothing more than diluents in communication with bland materials. They are regarded as especially appropriate in irritations, more or less intense, of the alimentary passages, of respiratory organs, and of the urinary apparatus. Their use has been so long sanctioned by the profession, that it is not without some hesitation that we intimate a doubt as to their real value, or rather as to their superiority over mere diluents. It can hardly be presumed that the gummy or mucilaginous materials they contain, pass into the circulation unchanged, or without previously undergoing the digestive process. They cannot, therefore be viewed as bland applications to any other than the surface of the digestive tube. Yet they are continually prescribed as though they were destined to reach unchanged, the mucous surfaces of the lungs and urinary organs. We must confess that we have ourselves been so much in the habit of prescribing infusions of Slippery-elm and Prickly-pear in affections of the kidneys, bladder and urethra, that we would dislike to abandon them, however much we may be led by theory to doubt their intrinsic efficacy, and to attribute the relief to the water and other medicinal agents with which they are administered. We must also say that we have never perceived any advantage in the use of demulcents, as such, in pulmonary diseases—and that we really consider the one in most common use (flaxseed tea) often injurious, in consequence of the rancidity of the seed usually obtained from the shops, and the indigestibility of the infusion when made very mucilaginous, to say nothing of the unpleasantness of the dose. The other demulcents can be so readily procured in a fresh state, and are so much more agreeable, that we see no good reason for the very general use made of flaxseed tea.

The *Aromatic* beverages are infusions of mint, balm, sage, catnip, sassafras, &c. Their chief merit consists in being generally palatable and therefore well received by the stomach. In many instances they relieve nausea, when this unpleasant symptom would be aggravated by demulcents. They are also decidedly antiseptic, preventing the evolution of gas by averting the tendency to fermentation, and improving the general tone of the digestive organs, without exerting injurious stimulation of the general system. They are particularly well adapted to typhoid fevers and diseases of similar character.

Catnip tea is a favorite prescription of mothers for crying babies, under the impression that the cries always indicate the existence of colic, and that catnip is a specific for this. It cannot be denied that the little creatures very frequently become quieted and go to sleep shortly after partaking freely of the well sweetened tea; but whether this effect is to be attributed to relief from colic, to some anodyne or soporific property of the tea, or simply to the fact that this operates as a substitute for the nourishment the child required, remains to be determined.

Sassafras tea is not unfrequently used in the South as a substitute for coffee or hyson tea, and is certainly more palatable than either of these, when as wretchedly prepared as they are in many families. Sassafras has been long supposed to possess alterative qualities, and has therefore entered into the composition of most of the so-called Diet Drinks. As we do not, however, profess to understand the true meaning of the term alterative, as used technically, and that we consider Diet Drinks in common use, as mere tonics or restoratives of the general stamina, we presume that sassafras has a beneficial influence upon the digestive organs. And yet it is difficult to determine the origin of a prejudice which exists in the minds of many of our people against its habitual use in consequence of its supposed tendency to production of intermittent fever. This prejudice is so general in Georgia, that it is supposed to have contributed largely some years ago to the defeat of a candidate for the gubernatorial chair, who had in Congress urged increase of the duty upon tea and coffee, adding that if the enhanced price of these articles proved onorous to some, they might drink sassafras tea. The good people proudly refused to vote for any man who was willing to see them take the ague and fever, merely for the sake of filling the National Treasury! We believe the prejudice to be unfounded, but would like to know if any facts can be adduced in support of it.

Astringents.—The only beverages in common use in disease which possess any stringency are the green and black tea, and the sage tea. This effect is, however, so slight as to be unimportant in general.

Laxatives.—We may class as such the infusions of Tamarinds, of dried apples, of dried peaches, of raisins, and of cremor tartar; to which may be added Saratoga water. These are all more or less grateful, and remarkably well adapted to a large class of our diseases, in which the intestines are disposed to be torpid. Those possessed of acidity promote an abundant secretion of bile as well as of gastro-intestinal fluids, hence their common use in warm climates.

Acids.—Lemonade and orangeade are such general favorites in diseases of tropical climates, that they are in some of the West India islands, considered as the most important medication in all affections implicating the hepatic secretion. As an anti-bilious remedy, lemonade is held in an equally high esteem by the Creoles as calomel is by the English, and those who borrow their views. Lemonade besides being exceeding grateful to the palate, is highly promotive of the mucous, hepatic, renal and cutaneous secretions. The free flow of salivary fluids by its contact with the mucous surface of the mouth and the orifices of the ducts that open upon it, will give some idea of its effects upon the gastro-intestinal surfaces and the glands whose ducts terminate in them. The capillary circulation of these mucous membranes and glandular structures must therefore be much relieved of congestion, if any exist. But besides the local action, lemonade doubtless penetrates the general circulation by imbition, and is carried to the kidneys and skin, whose secretions it manifestly increases. If the fluids of the system are alkaline, this is changed, and they become acid by the free use of this beverage. Producing such decided local and general effects, it would seem more proper to class lemonade among the potent agents of the materia medica, than among the mere adjuvants. We feel satisfied that the therapeutic value of lemonade, in the treatment of our fevers, from the simple intermittent to the dreaded yellow fever, has not been fully appreciated by those who indite most of the books upon our shelves—the British and our Northern brethren.

Antacids.—There are states of the system in which Antacids may be eminently useful, especially if taken largely diluted or in the form of beverages. The officinal lime water, or small quantities of bicarbonate of soda, or of carbonate of potass, may be thus used with plain water. The well water of the limestone districts is sometimes of great advantage to dyspeptics. A very common error prevails with the non-professional public, who believe that soda enters into the composition of the beverage vended in our cities under the name of "Soda Water," which is nothing but water strongly impregnated with carbonic acid gas, and without any alkaline properites. The name of Soda Water had its origin in the fact that the carbonic acid gas was formerly obtained for the purpose by the action of acids upon the carbonate of soda, whereas it is now usually derived from marble or some other carbonate of lime. By the addition, however, of a little bicarbonate of soda to this ærated water, a very pleasant and useful antacid beverage may be made.

Sedatives.—During the prevalence of the Broussaisian doctrine, which regarded nearly all diseases as abnormal irritations or inflammations, sedatives were eagerly sought after, in the vain hope that they would prove to be of general applicability. The distinguished French reformer, however, refused to acknowledge as such any other articles than Prussic acid and Asparagine. We may, perhaps, then be excused for placing under the head of sedatives the infusions of the leaves of the Orange tree, the Lemon tree, and the Peach tree, all of which we believe to contain more or less Prussic acid. Be this as it may, there is no doubt that they are exceedingly valuable beverages in our autumnal fevers. The orange-leaf tea is remarkably palatable to most persons, and in addition to being a good diluent, diaphoretic and diuretic, has a soothing effect that can scarcely be appreciated by one who has not realized it in his own person. To secure its full influence, it should be taken freely when hot, and just made, (by pouring boiling water upon the fresh leaves,) for it very soon deteriorates and becomes insipid. In the nervous affections of females, and especially in nervous headaches, it often acts like a charm. The French make great use of the distilled orange flower water, a tea-spoonful of which they add to a glass of sweetened water; but we think the orange leaf tea equally valuable, and this is within the reach of every one who has a garden, as the orange tree grows finely in this region of country, and with less trouble than is required to keep the usual supply of balm, sage, &c.

The infusion of peach tree leaves is peculiarly useful in cases of irritable stomach, whether occurring in our fevers or after a debauch. In such cases, however, it should be made strong and given in small quantities at a time; say a table-spoonful or two, frequently repeated. In cases of hooping cough, if given freely three or four times a day, it tends materially to lessen the violence of the paroxysms and the duration of the disease. We took occasion many years ago to allude to this use of it, and to recommend it in plantation practice as safe and valuable.

The last class of beverages to which we shall allude, comprehends those in which NUTRITIOUS elements are added to the diluent. The most common are water holding in solution Gum Arabic, Sugar, and the various syrups and teas made of toasted bread, rice, barley, &c. The value and applicability of these beverages are so evident, that we mention them merely for the purpose of completing the subject. Indeed, we have extended our remarks so much more than we had intended when the theme first presented itself to our mind, that we now entertain serious apprehensions that the reader will be poorly repaid for the trouble of perusing them. We would accordingly withhold them from our pages, were it not that we still feel that the subject is one entitled to more attention than it has heretofore received, and that the imperfections of this hasty paper may induce others to do better. —*Southern Med. & Surg. Journal.*

REPORTS OF CLINICAL LECTURES BY DR. GERHARD, AT THE PENNSYLVANIA HOSPITAL.

BY CHARLES BELL, M. D.

CASE 1. *Boy, Yellow Fever.* The yellow fever has not appeared in Philadelphia until this season (1853) since 1820. It rarely gets so far North. The frost always kills it. This boy has been sick about two weeks. He was taken with a chill, headache, and pain in the back and epigastrium. Severe pain in the stomach is characteristic of the yellow fever. To these symptoms succeeded yellowness of the eyes and face, vomiting, and oppression in the region of the liver. He is now convalescent. As for treatment, not much good can be done, unless it be before the disease declares itself. This patient was cupped over the epigastrium, and has since taken quinine. Yellow fever is a disease of the fluids. It is not capable of transmission.

Case 2. *Man, æt.* 40. *Pleurisy and Pneumonia.* This man is an oysterman by trade. These diseases are apt to occur in those whose business exposes them to the inclemency of the weather. He has some dyspnœa, fever, pain in the breast, and some cough. His nostrils are dilated, and his tongue coated and dry in the middle. No diarrhœa. He expectorates a rusty colored matter, characteristic of pneumonia. The physical signs in this case are dulness on percussion on the left side, intense bronchial respiration, and after the patient coughs, crepitant râles. The sounds of pleurisy and pneumonia are mingled. This man was bled and cupped, upon admission. If the patient is strong and vigorous, and there is no contra-indication, it is often well to take blood. He was afterwards put upon mercurials. Both mercurials and tartar emetic are given in these cases. I preferred mercury in this case because the patient is not of a very strong constitution. It should be combined with ipecac. If this patient had been a perfectly temperate man, he might have been appropriately treated with antimonials.

Case 3. *Man, æt.* 25. *Pneumonia.* This patient was taken with a chill, followed by sick headache, pain in the breast, fever, and a good deal of cough. He labors under some dyspnœa, his respiration being 35 or 40 a minute. His tongue is not much coated, but he exhibits the rusty sputa. On percussion there is extensive dulness over the affected lung, together with some bronchial râles. Respiration is bronchial.

This man was cupped. The inflammation was not sufficiently severe to warrant bleeding. He takes tarter emetic as a diaphoretic, in doses of 1-8 grain every three hours. Tartar emetic is sometimes given as a contra-stimulant, upon a hypothesis devised by an Italian named Rasori, but its propriety is more than doubtful. It is advisable to keep patients, sick with lung fever, upon rather a mild diet, and in case the pain in the chest is troublesome, apply a blister. At the close of pneumonia the bronchial respiration disappears more slowly than the crepitant rhoncus. Pneumonia seldom occurs in the autumn; but when it does occur at that time, it is usually common in the winter following. It oftenest attacks the right lung. Never bleed intemperate patients. Patients who only occasionally tipple, may be bled if necessary. Cupping may be used as a substitute. Blisters are particularly useful *in pneumonia with a typhoid tendency.*

CASE 4. *Man, æt.* 30. *Pleurisy.* This patient had a severe attack of pleurisy, commencing with the usual symptoms of fever, together with sharp pain in the side and some slight cough. Cough is often present in pleurisy merely from the effect of contiguous irritation. A copious effusion supervened, amounting to a pint and a half, which however has been gradually undergoing absorption. He has exhibited the friction sound to perfection. The sensation of friction can be recognized by placing the hand upon the chest. After pleurisy, flatness remains for some time, and in severe cases a permanent contraction results. In pleurisy, as in every other disease, do nothing at all, unless something in particular is indicated. Before a patient convalescent from pleurisy goes out, apply a large warming plaster to his chest, to prevent his taking cold.

CASE 5. *Man, æt.* 29. *Phthisis.* This man has had a cough for about three months, is not much emaciated, and has had no hæmoptysis. The impression with regard to the danger of spitting blood is erroneous; for although hæmoptysis is, generally speaking, evidence of grave difficulty in the pulmonary apparatus, yet if incipient phthisis really exists, this bleeding is not unfrequently beneficial. It should be regarded as an effort of Nature towards cure. The lungs are irritated by the deposit of tubercle, and gorged with blood, and this irritation and hyperæmia are in part relieved by the local bleeding of hæmoptysis. The only physical signs observable in this case is a slight dulness at the upper portion of the scapular region of the left side, and prolonged expiration. The disease is in its early stage. The treatment of consumption has undergone great change within my day. The modern treatment is tonics and alteratives. Cod liver oil is the most valuable remedy we possess. Sometimes the phosphates seem to do good, and the phosphate of lime is frequently combined with the oil. It is conjectured to act by promoting calcification of the tubercle.

CASE 6. *Man, æt.* 35. *Advanced Phthisis.* This patient is in middle life. The impression is prevalent that consumption rarely attacks people of mature age, but this is an error. It is not uncommon at fifty. After a cavity is formed, the expectoration becomes nummular, as in this case. He has had a cough for five months. His voice is altered from ulceration of the larynx. He is somewhat emaciated, but has no diarrhœa, no sweats, and but little hectic fever at night. Hæmoptysis is more frequent in women than in men, and is not so important a sympton in them, as it is sometimes vicarious of menstruation. It occurs in about 1-6th of the cases among males, and in about 1-3d among females. The physical signs of this case are dulness at upper part of left lung, and roughened respiration. The *bruit de pot fêlé*, or "sound of the cracked pot," does not depend upon the existence of a cavity. The treatment of this case has been like that of the previous one—cod liver oil. The fat of ham or pork will answer the purpose equally well; so will cream or sweet butter. The object is to produce a favorable modification in the process of nutrition.

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Eclecticism vs. Regular Practice. There is considerable diversity of opinion as to "what constitutes regular practice?" and no less as to "what is Eclecticism?" The world is governed by the influence of names, and it would be well for the medical profession before we quarrel about the names to be applied to ourselves or our competitors, to discover, if possible, the real significance of these names and the propriety of their application.

We claim that the *true* Physician is to all intents and purposes *an Eclectic*. We claim that the true Physician will have no object in view but the truth, seeking it

> "Wherever found,
> On Christian or on Heathen ground."

Whoever swerves from this simple track is a sectarian and is false to his trust, though he may be following the authority of all the fathers from Hippocrates to Mason Good.

We are thoroughly disgusted at the twaddle which is constantly brought before our eyes about "regular practice," "quackery," "empiricism," "eclecticism," etc., which would lead an uninitiated person to suppose that we were laboring to build up our sect rather than to ameliorate the sufferings of human life.

Well aware that we are uttering what many of our brethren will deem heresy, we must nevertheless express our opinion that if we cared more to cure sick people, and had less regard for the names of sects and modes of practice, ourselves individually, as well as our fellow mortals would be benefited.

But lest we be misunderstood, we will here enter our disclaimer against being suspected of any sympathy with the fashionable follies called reform; for allowing that in each of these humbugs there is some truth, they are all managed by Demagogues who have self at heart and think of truth only as at the "bottom of a well" which drowns the honest seekers.

As the blind and superstitious search of the Alchymists brought forth some of the most brilliant discoveries of chemical philosophy, so have the no less blind and superstitious blunderings of sectarian dabblers in medicine brought forth truths better than gold and which all the reasonings of mere scholars could never have produced.

The proper consideration of these facts showed how perfectly ridiculous is that false dignity which talks about "the regular profession," and sneers at every suggestion which lacks the paternity of scholastic dignity.

We were led to the foregoing reflections from some circumstances which brought to our attention the sayings and doings of some medical men of good abilities who are sailing under a banner on which they have inscribed "Eclecticism;" this brings them like poor Tray into some bad company for whose misdeeds they will unavoidably suffer, but whether they will suffer more than the rest of us do from the same cause, is perhaps to be doubted.

We find arrayed under this "banner eclectic" the remnants of the "Thomsonists," the "Botanic Doctors" of every grade, and some really well educated men who for reasons of their own have fled their homes and joined the marauding band. That some of these are following their honest convictions of right we doubt not, but we very much fear others are influenced by baser considerations.

No one has ever accused us of any great regard for old opinions or dogmas in or out of the profession, still we cannot see why any man should deliberately cut loose his connection with a body of men who have excelled all others in all ages in learning, philanthropy, and practical aid to the human race, and identify himself with a sect whose existence has always been characterized by the ignorance of its disciples.

But we will be told that these ignorant pretenders are the parasites which fasten upon their system, and that it is no more to be held responsible for their ignorance than is the regular profession for those who claim to be its members while unfitted by nature or education. To this we answer, that the founders of medicine as a science were men of learning and eminent mental capacity, while the founders of this so called eclectic school prided themselves upon their freedom from these qualities, and that men of learning have joined their sect can only bring suspicion upon their motives and not honor to their unworthy associates.

The disgraceful quarrels of some eminent physicians have given these so called eclectics a great advantage in some parts of the country, and very justly, for if men of whom we should expect better things will fight each other like dogs and badgers, it is very natural that the people should give them an inferior position, and we can hardly blame those really estimable men who have adopted a new name to distinguish them from their quarrelsomd neighbors.

In the city of Cincinnati something of this sort has been going on for some years. There are there three regular schools and one called "Eclectic" and we are credibly informed that for the session just closed, while the number of students in attendance on the three amounts to less than 200, there were at the "Eclectic" 275. We have good reason to believe that a part ef the Faculty are men who would do honor to any institution, while some are too much like our New England Thomsonian practitioners. Of the merits of some of these men and their contributions to medical literature, we purpose to speak hereafter, and to draw farther our contrasts between *true* and *false* eclecticism.

One feature of Eclecticism is brought to view in the following communication from Prof. King of the above mentioned "Eclectic College of Cincinnati." We publish it in the hope that the "truth will out," and would enquire if this "Keith & Co," who cuts so large a figure as the "Chemical Institute," did not once practice in this State as a Botanic or Thomsonian?

Prof. King is author of an "Eclectic Dispensatory" which we will speak of in our next.

Mr. Editor:—Notwithstanding the fact that the attention of the profession has been called to certain impositions practiced in the manufacture of some concentrated preparations, in the first edition of the

American Eclectic Dispensatory, it seems that they have quietly submitted to a charge of one and two dollars per ounce, for powdered rosin, green leaves, barks, roots, magnesia, &c., which have been presented as pure concentrations; and have been willing to pay one dollar per ounce for a *jalapin* prepared from the jalap resin, which may be purchased for about two dollars a pound.

It is only recently that it has been deemed necessary to strictly analyze these new agents, in consequence of their having been so universally found destitute of medical virtue; and several of Keith & Co's preparations have already been found to contain from six to eight parts of magnesia in every ten parts of the remedy. Other results will be made known hereafter.

As these remedies are well spread throughout the country, to the hazard of the health and lives of the sick, as well as to the discredit of physicians, I trust you will give this *warning notice* an early insertion in the pages of your Journal, that the evils arising from such a base and dangerous imposition may be checked at once. There are several manufacturers of concentrated preparations, in the East, I believe, whose articles may be relied upon, but with whose names I am not acquainted—but, in this city, the preparations of F. D. Hill, W. S. Merrell & Co., and H. T. Thorpe, may be relied upon as good and genuine.

Yours Respectfully,

JOHN KING, M. D.

Cincinnati, May, 1855.

The American Medical Association held its eighth annual meeting at Philadelphia, on the 1st, 2d, 3d and 4th inst. We gather the following items from the Boston Journal:

"Dr. Charles A. Pope, of St. Louis, the President, made a long and interesting address at the opening."

"Dr. Frank H. Hamilton, of Buffalo, N. Y., made a capital report on the Prognosis of Fracture, and the resulting deformities, which is a credit to him, and will benefit the profession. Dr. Hunt, of Buffalo, made an admirable report on the hygrometric state of the atmosphere, as connected with the causation of zymotic diseases, particularly cholera. He considers that a warm atmosphere surcharged with vapor is decidedly productive of disease, and instanced the rise and decline of cholera, as influenced by the upward or downward tendency of the *dew-point;* 61 being pronounced the "cholera dew-point," and the cases rapidly multiplying whenever it is much above that. He compliments Dr. Barton, of New Orleans, and acknowledges his indebtedness to him for much valuable information. Dr. Charles Hooker, of New Haven, gave an excellent, judicious and most sensible report on the diet best suited to invalids, and to promote health. He advocates more nourishment, both in health and disease, than has hitherto been considered proper. He says that solid food is often best digested, even in dyspepsia, and recommends more sustentation, and at regular periods, in disease. He refers to the errors committed in over-feeding children, particularly nursing infants. He believes that copious water drinkers are prone to dyspepsia and phthisis, and strongly urges the importance of an oleaginous diet, a repugnance to which indicates a disposition to phthisical disease. I agree with him, that generally the tonic, hygienic and medicinal means are not enough attended to."

"At 12 o'clock to-day (Wednesday,) we were most cordially received by his honor, the Mayor, Robert T. Conrad, in Independence Hall. Dr. Isaac Hays, Chairman of the Committee of Arrangements, presented us, and the Mayor made a most eloquent and beautiful address, greeting and welcoming the Convention in the most gratifying manner, and eulogizing the profession at large in glowing terms. Professors Bache, Hodge and Norris entertained the Association most handsomely last evening. This afternoon we go, by invitation, to Fairmount and Girard College, and this evening Drs. Stillé, Paul and Wood receive us at their houses. Dr. G. B. Wood, of Philadelphia, was to-day elected President, and Dr. D. H. Storer, of Boston, one of the Vice Presidents. The next place of meeting is Detroit, Michigan. The prize for the best essay on some Medical Subject ($200) was awarded to Dr. James D. Trask, of White Plains, N. Y., for a treatise on Placenta Prævia."

"Dr. Atlee, of Lancaster, Pa., made an appeal to the members present to come forward and contribute towards making a handsome compensation to the artist who executed the block for the Washington Monument, after the design furnished by the late Dr. Peirson, of Salem; and the Association subsequently appropriated $1.000 towards it. Dr. N. S. Davis, of Chicago, Ill., read a very able and interesting paper on the Nutritive Qualities of Milk, including the influence produced thereon by pregnancy and menstruation in the human female, and by pregnancy in the cow; and also the best method of preserving milk uninjured. He gives the preference to the "solidified milk," being, we suppose, the same article alluded to in another place in to-day's number of the Journal, which is manufactured in Dutchess Co., N. Y., by Mr. S. T. Blatchford, son of Dr. Thos. Blatchford, of Troy."

"On Thursday (third day,) the most important proceedings were as follows:—Dr. Frank H. Hamilton made an additional report on the subject of fractured clavicle, which was listened to with marked attention. He hoped that accurate statistics on this subject would be furnished by the managers of the Philadelphia Hospital, that all may be able to judge of the merit of the instrument which has been in use at that institution for the last thirty years. He had known a surgeon to be mulcted in heavy damages, because he could not accomplish all he supposed he could by using it, in a case of fractured clavicle. Resolutions concerning the subject of Medical Topography were next read and considered, and it was proposed that a committee from each State should be appointed to report on its medical topography, and epidemic fevers, and their treatment. The whole subject was referred to the Committee on Nominations. Dr. Condie was allowed further time for his Report on Tubercular Disease, which, he stated, would occupy at least 500 pages. Dr. Mussey, of Cincinnati, read an interesting report on the use of Alcohol, which was referred to the Committee on Publication. A large number of special committees were appointed; among them, was Dr. H. J. Bigelow, of Boston, on the Microscopical Investigations of Malignant Tumors."

"In the afternoon the Association visited the Philadelphia Hospital and Almshouse, at Blockley, where they were presented to Frederick M. Adams, Esq., President of the Board of Guardians of the Poor, who welcomed them in an eloquent speech."

"On the fourth day (Friday,) Dr. Hays, from the Committee of Arrangements, stated that 523 delegates had registered their names. On motion of Dr. Hayward, of Boston, the thanks of the Association were unanimously offered to the Mayor and other officers of the city government of Philadelphia, and to the citizens, for their munificent hospitality and kind attention to the members during its present session. The following amendment to the Constitution was offered, and laid over till the next annual meeting:—'Any member who shall not pay for the published Transactions for three successive years, shall be considered as withdrawn.' Resolutions for the division of the meetings into business and scientific sessions were agreed to. A motion for a committee of three to be appointed to consider the subject of the evils existing in the present method of holding coroner's inquests, and to report at the next annual meeting, was referred to a special committee. Dr. Atlee offered resolutions, which were adopted, to the effect that any such unnatural union as the mingling of an exclusive system, as homœopathy with scientific medicine, in a school, setting aside all questions of its untruthfulness, must so far impair the usefulness of teaching, as to render every school adopting such a policy unworthy the support of the profession. The Committee on Nominations reported that the resolution on the subject of the Registration of Marriages, Births and Deaths, be adopted. Among the members of the committee is Dr. Edward Jarvis, of Dorchester, Mass. It was unanimously resolved, 'That no State or local society shall hereafter be entitled to representation in this Association that has not adopted its code of ethics.' An amendment to the Constitution was offered, providing that the travelling expenses of the Secretary and Treasurer shall be paid out of the funds of the Association. A motion for changing the time of the annual meeting from the first Tuesday in

May to the second Tuesday was discussed, but the subject was indefinitely postponed. At half past one, the Association adjourned *sine die.*"

A full list of Officers and Committees will be given in our next.

An Essay to prove the Contagious Character of Malignant Cholera: *with brief instructions for its Prevention and Cure.* By Bernard M. Byrne, m. d., Surgeon U. S. Army. Second Ed. with notes by the author. Philadelphia: Childs & Peterson.

The question discussed in this Essay has long vexed the medical world, and cannot yet be regarded as finally settled. The weight of evidence, however, we have always regarded as opposed to the doctrine of its transmissibility. Of few diseases is it so important that the truth should speedily be known as of the one in question. If the rapid marches and deadly onsets of cholera can be traced back to contagion, no pains ought to be spared by the governments of our commercial towns to ensure the observance of the strictest quarantine regulations, and prevent, if possible, the importation of the disease from abroad, while the most stringent measures should everywhere be resorted to to guard against its spread in case it should accidentally be introduced. On the other hand, if it can be clearly proven to be in capable of transmission, travelers and merchants will consider themselves fortunate in their exemption from the wearisome delays incident to the enforcement of health regulations. The author of the Dissertation before us brings up many facts and cases which appear to favor the doctrine he wishes to establish, and deals with the subject fairly, throughout.

After all the truth seems to be that cholera, if contagious at all, is extremely feebly so. Typhoid fever is by some considered as contagious, and it may be so, but it would be a matter of indifference to us whether it were regarded so or not, since the contagion, if such there be, is so feeble as to be almost tantamount to no contagion at all. Our observation and experience would lead us to the same belief with regard to cholera. It is difficult to decide which hypothesis is right—that which attributes to it a limited and feeble power of transmission, or that which denies it *in toto.* This essay is a handsomely printed little volume containing 160 pages, and bound in muslin. We have examined it carefully, and though dissenting from its propositions, can heartily recommend it, as a fair exposition of what can be said in favor of the doctrine it advocates.

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E. R. PEASLEE.

Hanover, N. H., May 1st, 1855.

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(For the N. H. Journal of Medicine.)

BLOOD IN THE URINE.

BY D. D. SLADE, M. D.

The presence of blood in the urine must be considered only as a symptom, indicative of some morbid condition of the genito-urinary organs, more or less formidable according to circumstances. Although, in most cases, where blood is present in any considerable quantity, the urine exhibits certain characteristics not to be mistaken by the intelligent practitioner, yet errors of diagnosis may arise, owing to the similarity in color, produced by a concentration of the natural elements of the secretion, and again by the coloring principles often communicated by certain drugs and alimentary substances. Where doubt exists, the microscope will serve to enlighten us by revealing the blood corpuscles.

The quantity of blood present in the urine may vary from a few drops to several ounces and even pounds. In its color and consistence, it may also greatly vary. If recently poured out into the empty bladder these may be perfectly natural; if on the contrary, it has been mingled for some time with the urine, it assumes a dirty dark brown hue, not unlike the color of port wine, and again, if retained for a still longer period, the color of molasses—being liquid or semi-liquid in consistence, acording to the length of time since its introduction into the bladder, and according to the quantity and chemical properties of the urine present.

The causes of bloody urine are various, and may be considered as predisposing or exciting. The nature of many of the predisposing causes is so obvious from the history and symptoms, that they can scarcely be mistaken, such for example are, Puerpera, Typhus, Scurvy, &c. Among the exciting causes, we may enumerate organic and malignant affections of the genito-urinary organs, external violence, the forcible and unskilful use of instruments, the presence of calculi, the use of drastic purgatives and irritating diuretics.

As regards the sources of blood found in the urine, although we have certain guides by which we may arrive at so important a diagnosis, yet it must be freely confessed that cases not unfrequently arise where we are completely baffled in our attempts to gain this necessary information.

Blood may be thrown out from the kidneys and ureters, from the bladder, or from the urethra. We are fully justified in supposing that the kidneys are the source of the blood, when its appearance in the urine has been preceded by blows or any external violence over the lumbar region. Again, if bloody urine is preceeded by pain and heat in the region of the kidneys, by the retraction of the testicle, and by various other symptoms attributed to renal affections; if the blood is equally diffused through the urine, and if on microscopic examination, we discover casts of the urinary tubes, we have sufficient evidence that its source is in the kidneys. Calculi of the kidneys may give rise to hæmaturia, their presence in most cases being indicated by the severity of the general and local sypmtoms. Yet, at the same time, calculi may exist in a quiescent state, and for a long time give no evidence of their presence in the kidneys. In such cases, we may with good reason suspect that calculi are the cause of hæmaturia, when the blood appears most abundant after violent exercise, or after any shock or jolt to the body. Blood from the ureters is most generally occasioned by the presence of a calculus, which has in its passage lacerated some of the vessels of the mucous membrane. The excessive pain and other symptoms pathognomonic of calculus in the ureter, at once enable us to establish the diagnosis. When hæmoturia is caused by any malignant disease of the kidney, we shall find mixed with the bloody urine small masses of the diseased portion, the true nature of which will be established by microscopic examination.

Blood may be recognized as coming from the bladder itself, when it appears at the very last stages of micturition, the first portion of the urine passed containing, generally speaking, none. Occasionally, however, the urine appears bloody at the commencement of micturition, then clear, and again bloody at the last drops. If the quantity of vesical hœmorrhage is considerable, there is a frequent desire to urinate, attended with much distress at the neck of the bladder. If the symptoms of ulceration, calculus, or malignant growth of the bladder are present, we have unequivocal proofs of the sources of the blood. When the bladder has become distended with coagulated blood, producing retention of urine, we may be quite sure that the hœmorrhage is vesical, since the amount of blood passed from the kidney is very rarely abundant enough to fill the bladder and bring about retention.

Blood may be diagnosed as coming from the urethra, when it flows in a small stream, or comes away by drops, unchanged in colour, and without any desire to micturate. It may proceed from any portion of the canal, from the prostate, and neck of the bladder. The absence of disease, in the associated organs, the history of the case, and the unchanged appearance of the blood will, in the majority of cases, lead us to a correct diagnosis as regards its source. In those cases where hæmorrhage occurring at the prostatic portion of the urethra, the blood passes back into the bladder, great difficulty may be experienced in distinguishing its exact source—inasmuch as it assumes all the appearances presented by the blood in vesical hæmorrhage. Under such circumstances, the history of the case, alone can throw any light upon the question.

In conclusion then, although the practitioner occasionally meets with cases where the diagnosis of the source of bloody urine is not easily or satisfactorily arrived at, yet, if he considers carefully the history and symptoms presented, he will have sufficient data by which to govern the treatment.

Boston, June 1855.

FOREIGN CORRESPONDENCE OF THE JOURNAL.

Berlin, April 23, 1855.

My Dear Sir:—A single fortnight's stay in Europe, and most of that time spent in gaining first impressions of continental life, will naturally afford few features of interest to medical friends at home:

one sees so many things at first, entirely disconnected with professional matters, that these latter gain but little part of his attention.

We have, however, had one subject so thrust upon our minds, since leaving America, that we can hardly refrain from prefacing this series of letters by an allusion to it.

Your readers are well aware of the efforts, lately made in England, to improve the condition, in which packet ships are often placed for want of medical officers on board.

If we remember rightly, it is now decided, that every ship, carrying over one hundred passengers, shall be provided with a surgeon. We hope that such a regulation will be fairly established and scrupulously carried out. With a late experience fresh upon our minds, the danger which may often arise, for want of any proper provision in this respect, is most obvious.

In crossing the water, during the past month, as a passenger upon one of our regular lines of European packets, we found that the company very rarely have a surgeon on their ships. Although, in many cases, hundreds of passengers are on board at once, the medicine chest, attached to the vessel, and the captain's knowledge of the healing art, are the only means of resort.

Now the medicine chest, on board a ship, is oftentimes as peculiar a collection of drugs, as the captain is a singular dispenser of them. As you turn the bottles over, you find the four great staples to be, "wound salve," "sweating drops," "laudanum," and "laxative powder." The captain uses the first for all outward maladies, the second for all febrile symptoms, and the last two will in three fourths of the cases, find a ready application. Several other bottles unlabeled on the outside, and their contents unknown, a roll of worthless sticking plaster, scales without weights, and one or two broken splints complete the assortment.

In our ship, there was, it is true, but little need, either of medicines or the captain's skill. Besides those complaints, like costiveness and sea sickness, the usual attendants of a sea voyage, and those little accidents continually happening to a ship crew, the health of our whole company was good.

There was one case, however, which occurred during the voyage, which was most interesting, as regards its cause, and shows the necessity in all our packet ships, of a more complete provision for medical aid.

One of our passengers, a German lady of Louisville, was in the course of the last summer, attacked by the Asiatic cholera. During the violent cramps of that disease, the crural parietes gave way, and a bad case of femoral hernia was the result. The lady has ever since worn a truss to keep it in place, but is occasionally troubled by its coming down. In most cases, she has been able to replace it herself, but in three instances, she has found this impossible. The surgeon whom she employed in Louisville has always succeeded in restoring it; the last time. after a patient taxis of over four hours.

During the first week of the voyage, the retching of sea sickness brought it down again. She now replaced it herself. A fortnight later, after nearly a week's constipation, it protruded again, and this time her own efforts, continued for two hours, only served to inflame the parts. We found, on being asked to see her at that time, that she was in great distress. The tumor itself was now very hard and red· But the length of time, which had elapsed since it came down, and the condition of the patient, were such that, after a very short time, we continued the manipulations in which she had been unsuccessful. We are very sure, however, that very many of the difficulties, experienced by surgeons in the reduction of protracted vernia, are owing to these efforts of the patient.

It is, of course, unnecessary to dwell upon the case before us, interesting as it was, from the fact that it occurred on ship board, where of all places, the comforts of the sick, can be least consulted. After several hours had been spent, with slight intervals for the sake of the patient's rest, and apparently with no success, the tumor suddenly receded under the hand, and entered the abdomen. The after treatment was such as the condition of the patient pointed out. A dose of oil was given in a few hours to counteract the effect of the laudanum we had previously administered, and cold dressings were kept upon the parts. In two or three days, the lady was round, as well as ever. This case will illustrate what we were saying in a former part of this letter. The surgeon of a packet might, it is true, have no such case during a long voyage; but the chance that always exists of some serious difficulty arising to persons troubled with these and other common complaints, is enough to demand his presence.

We took the opportunity, by the way, during this voyage, to make a comparative trial of the different remedies for sea sickness, and so far as personal experience of the malady itself is concerned, our own, in this respect, are quite invaluable. Our conclusion was nearly the same with all. Whether you refine upon the mode of treatment, according to different notions of the disease; whether you adopt the "stimulant," "antispasmodic," or "depressant" plan, it makes but little odds. Brandy, opium, lemonjuice, lupuline or coffee have after all but a transient effect; valerian alone is little better; and even the new remedies, chloroform and wood naptha, are most frequently useless. We found however that, next to keeping one's berth, the following prescription was most useful.

Rx Valerian Fl. Ext.
Wood naptha gtt. xx or
Chloroform gtt. v. M.

Give occasionally in the juice of a lemon or not, as the case may be. We are convinced, however, that the relief which this affords is owing chiefly to its allaying excessive vomiting.

We had the pleasure, a week ago, while about to start for this city, to visit the great Hospital known as the Krankenhans of Hamburg. For this we are indebted to Mr. Bromberg, our Vice Consul there, who politely lent us his private ticket to this magnificent institution. The Krankenhans of Hamburg is one of the largest hospitals in Europe. It is capable, when crowded, of containing over 4000 inmates. Its situation is most beautiful, being removed about half a mile from the city, in the midst of a vast park, and having the broad lake of the Alster between it and the finest parts of the place.

A large canal runs directly through the garden of the establishment; so that all the heavy articles, whether of fuel, dress, or provision are brought by water. By this means, the noise of carriages around the building may be entirely obviated.

The immediate direction of the hospital is intrusted to two chief physicians and six assistants. There were, at the time of our visit, over 1700 patients within the walls. You will see from this, that every thing connected with the building is managed upon a stupendous scale. The meat room which was shown to us, and which contained the amount of one day's consumption was equal in size to a small meat market. And the kitchen, with its immense boilers and apparatus for cooking, forcibly reminded us of those great dye houses in the Lowell woolen factories. We remember, as worth noticing, that all the washing of the establishment is done by hand. In this way, a greater amount of labor is, of course required, but there is probably much saved in the end. The effect of the washing machines used in many of our American hospitals is most ruinous.

Within the buildings are work shops for the convelescent and schools for the children. The chapel is a very neat and tasteful room. Behind the altar, is a fine painting by Overbeck. It represents the Saviour's agony in the garden, while the three slumbering disciples lie below.

The yearly cost of supporting this institution is about $80,000. It is not only the hospital for the city of Hamburg, but is the resort of the whole neighborhood. The treatment which patient's receive is excellent; the diseases are well classified, and even the higher classes are willing to avail themselves of it.

As a place for medical study, Hamburg, of course, presents no advantages. A professional friend, however, informs us that in one department of practice the Krankenhans is very rich. The city is notoriously dissolute, and in spite of the utmost vigilence of the medical police, and personal examination, instituted by them three times a week in all the houses of ill repute, the syphilitic wards of the hospital are invariably full. Indeed, in such a place as this, where sailors and travellers are coming from all parts of the world, and where the city is willing so openly to countenance that species of licentiousness, to which we allude, it is not surprising, that its public institutions should be crowded. In our next letter, we will tell you something about our first acquaintance with the medical facilities of Berlin.

Yours sincerely,

N. E. GAGE.

UNITED STATES MARINE HOSPITAL.

DR. CHAS. A. DAVIS, SUPERINTENDANT.

ALPH. B. CROSBY, HOUSE SURGEON.

One of the most common diseases among seafaring men is the chronic dysentery, acquired on the coast of Africa. This is technically known among the sailors as the "coast dysentary," and is justly regarded as the bane of that locality. Few of those who visit those shores escape without suffering more or less from this distressing malady. The northwestern coast of Africa is infested with various miasmatic diseases, among which, perhaps, the most prominent is bilious remittent fever. The diseases of this portion of the country, are not always, nor even generally, complicated with diarrhea, but on the southwestern coast, dysentery is one—if not *the* disease to be feared. Much of this is due to the climate, and much undoubtedly, is to be attributed to the influence of malaria. The thermometer during the twenty four hours frequently ranges from 60° to 100 and even higher. The most intense heat usually commences between eleven and twelve o'clock, A. M., and continues with only slight abatement until sun down. Immediately after sunset the temperature is reduced with great rapidity until the thermometor stands in the vicinity of 60°. This sudden transition in the temperature of 40° is itself a strong predisposing cause of disease. The fall of dew is very copious—so much so, as to saturate the clothes of those who are exposed to it. The heat is so intense that the pitch frequently melts and runs from the beams, and the decks must be constantly wet to prevent their cracking. The subsequent reduction of temperature, coming as it does, so suddenly, cannot fail to prove deleterious.

The class of men who visit this coast are much given to excess in drink and venery. With such predisposing and exciting courses, few persons escape the disease. The disease is sometimes ushered in with a chill—sometimes not; the pulse is accelerated—the tongue slightly coated and general febrile symptoms ensue. There is always tenesmus, and the stools are bloody and slimy. The frequency of the stools is usually very great, as many even, as fifty in the twenty four hours. Great emaciation ensues, and the face acquires a sallow cadaverous hue. The liver almost always becomes involved, in the course of the disease, and hepatic abscess is of no unfrequent occurence. An enormous appetite is an accompaniment of the acute stage of the disorder, which if gratified, creates a sensation of distress in the epigastric region, and aggravates the complaint. After a longer or shorter time, in the acute form, there is usually a lull in all the symptoms; the discharges diminish, the strength improves, and nature seems to make an attempt at recuperation. The improvement is only temporary, the violence of the symptoms soon returns, the emaciation becomes extreme, the feet and legs are frequently anasarcous, and death results from asthenia. This then, in brief, is the course and termination of the disease if left to itself. It may occupy a few days, a few months, or a few years. Most of the patients are admitted into this hospital after the disease has become chronic, and the time occupied in recovering will range on an average from two months, to two years and upward, providing they are subjected to the proper mode of treatment. The lesions in this disorder are quite constant, traces and effects of inflammation exist in the colon, and in many cases, in the rectum; also patches of ulceration are found throughout the large intestine and caecum—the mucous membrane is injected in various places—pseudo membranous matter is found in shreds and layers. The mucous membrane is sometimes disorganized, even to the extent of complete sphacelus, perforation frequently exists, having been the immediate cause of death. Evidences of recent gastritis sometimes are apparent. The liver almost always bears traces of disease. The treatment is very simple, much depending on a well regulated diet. Boiled milk and bread, is the diet furnished for these patients in this institution, and the ameloration following this course is very marked. Laxatives employed occasionally, with opium and ipecachuana, are frequently of great service. Among the alteratives, sulphate of copper, balsam copaiba and oil of turpentine, et cetera, are in many cases efficacious. The Germans lay great stress on injections of nitrate of silver, a flexible tube being introduced as far as it can be conveniently, and a strong solution thrown up. The great majority of patients with this disease recover. The treatment which has seemed most successful here, has been a well regulated diet rigidly enforced, and pills containing a grain of opium with a third of a grain of sulphate of copper. This, with a careful attention to the condition of the skin, liver &c., proves successful in a great majority. I am induced to cite a single case, which, although a fatal one, possesses some points of interest, and shows the result of improper treatment in chronic dysentery. James Carr, an American, admitted April 10, 1855, had been on a voyage to the "coast," and acquired dysentery. This patient was discharged from the hospital three weeks previously, apparently cured, was advised to pursue a tonic course, and avoid all errors in diet. This advice was not followed, and subsequently applying to a physician he was advised to drink freely of alcoholic stimulants. I am informed by the person who furnished him, that the quantity of brandy, wines, &c., which he daily consumed, were enormous. On his admission, he complained of violent gastritis, and had deep seated pains over the kidneys, and liver. The discharges from the bowels were not profuse. During the last few days of his life, he was unable to retain anything in his stomach.

In addition to his disease, he had to contend with that terrible depressive despair. Even the non-medical Byron was aware of its malignity, and has well expressed it

> "Despair of all recovery spoils longevity,
> And makes men's mis'ries of alarming brevity."

The invariable remark of this patient was, "I shall go out feet first." He did go out that way, on the morning of May 28th. An autopsy 36 hours after death, presented the following appearances: the whole mucous surface of the stomach in various stages of inflammation, a large part of a slate color; in the base of the stomach a perforation the size of a half dollar, the edges of which were entirely healed with the exception of a distance of three or four lines. This portion of the stomach was healed to the intestine just below; traces of old inflammation in the colon, mucous coat thickened, but presenting generally a healthy appearance; kidneys hypertrophied and showing fully degeneration; liver weighed nearly six pounds; postero superior portion, adherent to the costal wall; liver being removed a portion remained adhered, the intersubstances soft and easily broken. Mr. Haskall the apothecary at this hospital, (to whom I am indebted for many interesting facts with regard to the "coast" and its diseases) was himself afflicted with this disease for a period of twenty-eight months. He has now entirely recoved. There is at present in one of the wards, a sailor who, on his admission a month since, had eight and forty discharges in the four and twenty hours, anasarca of the feet and legs, and almost frightful debility. His discharges now number only six in the four and twenty hours, strength much improved, and his limbs no longer anasarcous. This patient is half idiotic, had he known enough he would probably have died. With him however,

> "Ignorance was bliss"

and he is now rapidly recovering.

Chelsea, Mass., June 1855.

ON RARE FORMS OF SURGICAL INJURIES ADMITTED INTO THE LONDON HOSPITAL, ENG.

By John Adams, Esq., F. R. C. S.,
Surgeon to the Hospital.

[A popular movement has been lately in deserved repute—namely, the study of "common things." The reader will perhaps agree with us that it is as applicable in Surgery as in daily life, and that in the following extracts from a lecture by Mr. Adams, he has availed himself of a very useful and novel field of observation and clinical remark—the classification of every-day injuries as met in hospital practice.]

Gentlemen.—The College of Surgeons require that clinical lectures should be delivered at all the recognized shcools of the metropolis as well as elsewhere, and that such lectures should be given apart from cliniaal remarks made at the bedside. I have nothing to remark on the propriety or advantage of this arrangement; it is my duty to act upon the orders of the College, and I therefore proceed to obey their injunctions.

This hospital is regarded, and properly so, as a vast practical school of surgery; and it is our duty—should I rather say privilege—to avail ourselves of the opportunities here afforded us of studying disease and accidents. I say it is our duty so to do—mine as well as yours. Your time of attendence is necessarily limited; mine has been already a prolonged attendence, but how much longer it may continue neither you nor I can say. As yours is thus limited in extent, it becomes you to take every advantage of the occasion; and I know of no means of effectually making the most of your time preferable to taking clinical notes of such cases as are, in all the wards, presented to your notice. Record everything you can; for be assured that in after life it will delight you much to have accumulated a record of cases in surgery. It is not necessary that you should record at any great length all the simpler cases in surgery, but a mere mention of these in a common-place book will afford you more satisfaction than you can conceive. What is this the old Latin poet says—

> "Forsan et hæc olim meminisse juvabit."

Even these old note-books will remind you of younger days!

The London Hospital is noted for the large number of accidents brought to it annually, and it is to such cases that I propose now to direct your attention. Accidents constitute a most important branch of surgery, and their diagnosis and treatment should be well understood by you. In cases of sudden accident you are required to act at once, and efficiently. Often your prompt interference will save the life of a patient. In disease, especially chronic disease, you can, on the other hand, at your leisure, ponder over your case, examine it leisurely in all its bearings, and deliberate on every symptom until you come to a satisfactory conclusion as to its nature and the treatment requisite for the cure; or failing thus, you have abundant opportunities to send for onother opinion.

I would recommend you to study "common things." In accident, the delay of a few minutes may terminate the life of your patient, or ignorance of the nature of the case, though simple, may consign him to irremediable lameness or deformity; and do what you will, it will occasionally happen, that surgical and medical difficulties will arise which will render the case harassing and annoying. Your only satisfaction, that you have done all that the science of surgery dictates, and no man, as a surgeon, can be expected to do more.

Before I direct your attention to our list of accidents, on which I purpose remarking to-day, I will make a few general observations, though it may be apparently somewhat commonplace. By an *accident* we understand an injury the body has sustained in some or other part by external violence, whether inflicted *accidentally* or even by design. This is the sense in which surgeons recognize accidents.

Every tissue of the body is liable to accident—from the outer covering of the body to parts in its inmost recesses: there is scarcely a point (however careful Nature may have been in defending it) but is liable to shock or injury from external violence. Accidents, for the most part, are found in different tissues to conform themselves to general laws. Thus, injuries of the skin result in laceration, and even laceration assumes particular directions in many instances. Again, injuries of muscles, result either in division or rupture; injuries of tendons, in strains or ruptures; whilst ligaments are either sprained or divided by rupture. Bones are liable to fractures of various kinds, also to contusions; and so we may proceed through various parts, observing that all the tissues are simultaneously liable to contusions, lacerations, and incisions; and hence, in treating deep-seated wounds, your treatment must be adapted to what I may term the exigencies of every individual tissue of a part.

You must, of course, expect out of thousands of cases great similarity; but you must be prepared for some cases of a very unusual character. Perhaps no two cases are quite parallel; but it happens occasionally that *unusual* cases occur, and sometimes most *extraordinary* accidents will happen. Thus, I may mention that three dislocations of the hip in children *under* ten years of age, have been admitted into the hospital in my recollection. In two the dislocation occurred upwards, and in the other downwards; so also I may mention a case now under my care, not strictly an accident, but admitted here as a casuality. It is a case of extravasation of urine, occurring in a child of 5 years of age without external violence. This is most unusual. Amongst the extraordinary cases, I may mention one of a sailor, who had fallen from the yard-arm of a vessel into the London Dock, and was picked out of the water without his right arm, which had been torn off in falling, and was never after found. Another instance occurs to my mind: a man was pinned to the deck of a ship by a bolt four inches in length, which was attached to the lower end of a mast. The bolt passed through his chest, close to the base of the heart, through the lung, and, coming out close to the spine, was driven an inch into the deck. The man got well! So I can mention to you a case, extraordinory from the recovery after numerous fractures and dislocations. A man was brought to the hospital, having fallen from the yard-arm, and was found to have sustained all the following injuries—in fact, knocked to pieces, as one might say:—Dislocation downward of the right humerous; dislocation backwards of the right femur; dislocation inwards and backwards of the right tibia and ankle, and a wound; fracture of the left tibia just below its head, and dislocation backwards of the fibula; comminuted fracture of the left os calcis; fracture of the external malleolus. Yet he recovered!

The inference to be drawn from these extraordinary cases may be summed up in two words, sometimes applicable in surgery as in other matters—*nil desperandum.*

Let me now draw your attention to the list of accidents treated at the London Hospital during last years. Independent of herniæ, retention of urine, hæmorrhage from causes not mentioned as accidents, they amount to the large number of 10,374. Out of these there are—

Fractures	1216
Wounds	2912
Contusions	3269
Sprains	1206
Dislocations	114
Concussion of the brain	42
Burns and scalds	517
Bites of dogs, &c.	134
Foreign bodies in various passages,	162
Corrosion from acid	1
Thecal abscess from injury	122
Inflammation from injury	645
Attempts at suicide	34
	10,375

I have also before me an interesting analysis of the fractures which are arranged thus:—

Skull	17
Face	30
Spine	7
Ribs	222
Sternum	4
Pelvis	4
Thigh	80
Patella	17

Leg	203
Foot	39
Scapula	13
Clavicle	137
Humerus	80
Forearm	287
Hand	126
	1216

Thus it will be seen that fractures of the forearm are the most numerous. Next, in frequency, are fractures of the ribs; next, of the leg; then the clavicle, hand, &c.; and the bones least obnoxious to fracture, are those of the pelvis, the sternum, and the spine.

We deduce this inference from this list, that those parts of the body which are most in use, are the most liable to fracture; as, for instance, the forearm. From an estimate I made some years ago, I found, in corroboration of this remark, that fracture occurred more fraquently to the right forearm and to the left leg, and that the ribs were more frequently fractured on the left side (as perhaps less defended by the left arm.)

I now proceed to consider the treatment of accidents in general. Here let me, with a little pardonable vanity remind you that the advantage of the pupilage pursued at this hospital is very great. You are all dressers, and in this capacity you are not only brought into contact with the most severe injuries the body is liable to, but you are called on to act on the spur of the moment; this begets a confidence which cannot be attained by any other method. Say what you will, and joke on other things, as we all may at proper times, yet a severe accident is a fearful thing. Witness the alarm and perturbation and distress, the running to and fro, in a house when an accident has occurred to a member of a family; but the surgeon is called in, and has to act on the instant; and is not to be diverted from his purpose either by the wailing and lamentations of friends or the interference of the bystanders; and whilst all is bustle and confusion around him, he must remain calm and collected, and give his whole mind to the case. Or the patient is laid on his back on the field of battle or on shipboard. You are first, then, to see whether there is any bleeding. Whatever the nature of an injury, hæmorrhage is your first care, and therefore if you see any marks of blood, you strip off the clothes and look for the source of hæmorrhage, on which you clap your finger, being certain that hæmorrhage from any artery within ordinary reach can be arrested momentarily by pressure of the finger firmly applied. Of this subject, however, I shall treat when I come to the subject of hæmorrhage.

The position and appearance of the patient will sometimes afford you at once a clue to the nature of the injury, and if he be sensible he will point out what has happened. Thus, if the thigh be broken, you will find in all probability one foot turned out, and an attempt to move the limb will cause excruciating pain; so, also, pain on attempt at motion will lead to the detection of other fractures. I have said that the patient's own sensations will somestimes lead you to a diagnosis of the injury, but this will not always serve you. I remember being called to a plumber who had fallen into the area of a house he was engaged at; he was unable to stir, but perfectly composed, and when I expressed my sorrow that he had met with so severe an injury, he replied with a calm countenance that the mischief was not so severe as I imagined, as he was in no pain whatever. He had, however, broken his spine in the lower cervical region, and soon sunk, I need not say, under the effects of this terrible injury.

If the patient is sensible, you obtain from him all the information you can as to the mode of occurrence of the accident, and every thing appertaining to it. If he is insensible, you must get what information you can, in every-day life, from those around him, and very often this amounts to *nil*. Without any extraneous aid, therefore, you must set to work to make your examination. You examine the countenance, look to the pupils of the eyes, feel the pulse, and examine the state of the skin. You strip the patient after sending him to the ward, and observe what marks there are of external violence; look to the state of the sphincters, for if there has been involuntary discharge of fæces and urine, be assured that some serious mischief has occurred to the central mass of the nervous system, and that in all probability the case will end in death. The state of the pupils will afford you useful indication of the condition of the brain, and will enable you to detect the difference between real injury and dead-drunkenness, for many cases of the latter complaint are introduced as accidents. In drunkenness the pupils are usually contracted, but not always so, and the iris contracts on the application of light to the eye. In severe cerebral mischief, for which drunkenness is liable to be mistaken, the pupils are commonly dilated, insensible to light, and discordant. In drunkenness, also, the smell of the breath will afford a clue to its detection.

In the examination of patients on admission as accidents, when in a state of insensibility, you must be careful to ascertain whether any dislocation of the joints exists, as the circumstances are then favorable for reduction. But on this point you may be misled by appearances, and mistake an old irreducible dislocation for one of recent occurrence. A man was brought to this hospital many years ago for an injury of the head, of which he died. On examining the body, a dislocation of the shoulder-joint was discovered; the surgeon imputed blame to himself for having overlooked it, but his mind was satisfied by finding on dissection that it was an unreduced dislocation of some standing. The preparation is in our museum. Another instance occurred to a friend of mine, and such a case might occurr to any of you. He was called to a man who was nearly dead-drunk, and who was supposed to have met with an accident which rendered him insensible. On examination he found a dislocation of the shoulder, or some deformity resembling this injury. He was proceeding to adjust his extending apparatus, pulleys, &c., when the man, having come to his senses, thundered out "born so, born so!" So the surgeon desisted, and afterwards discovered that the case was one of congenital defect. You see, therefore, that it is your duty to make as accurate an examination of the joints as you can, in cases of insensibility, by running your hand over them, by which you will be enabled generally to ascertain an injury of this description, which if overlooked, may afterwards afford serious grounds of regret. Some few years ago, I had a patient in the hospital with a compound fracture of the thigh; the limb was placed in an easy position on the outside, and the fracture was going on well. However, after a few days he complained of pain in the upper part of the thigh, and on examination, a dislocation of the femur into the foramen ovale was detected. It was easily reduced. This was a very unusual case, as the patient was quite a lad, in whom no suspicion of this accident was likely to be entertained.

Facts like these show the importance of a most rigid scrutiny in all cases of injury, and ought to render us charitable in regarding the mistakes of others. It shows, too, that nothing is too trivial among these "common things," for us to study.

There is another subject I think it right to allude to here, in reference to accidents. Accidents, like diseases, are sometimes feigned by patients, for the sake of admission into hospitals. I have known many instances of this, and you will meet with many. You may sometimes arrogate to yourselves much credit in the ready detection of imposture; let me advise you to be cautious in this respect, as you may be deceived, and subsequent conviction of your error, may lead to very unpleasant reflections. I would advise you, therefore, in a doubtful case, rather to err on the side of humanity, and treat the case as one of accident, than to run the risk of the unpleasant conviction of error, and by dismissing the patient, inflict an injury on him, as well as to your own feelings. Ulcers on legs will thus be feigned; and there is a curious set of cases rather allied to these—hysteric feigning of stone in the bladder, and other diseases, by females. Swallowing needles to an almost incredible amount, is another curious offshoot of hysteria. A woman was operated on, not long since, but not in this hospital, for stone in the bladder, when a hair pin revealed itself, as the nucleus of the stone, and was thrust through the bladder, and plainly felt in the rectum. The woman would give no account of it (she was rather silly) but that it slipped in! Amongst other anomalies, a large egg-cup was lately shown, at one of the medical societies, as having been swallowed, and was found after death in the intestines. These may all be mentioned, as bearing on the curious subject of feigned diseases, or anomalous affections, that may be met any day in practice. Hysteric patients think very often they have knee-joint disease, &c.

Now as to bruises, sprains, strains, &c. You must not expect novelty on this subject, but I shall not pass it over as being very common.

Such accidents are very important, especially in evidence at inquests or on trials, &c. The nature of a contusion or bruise is intelligible enough; but bruises are important, of course, according to the part injured, and the depth or extent of the injury. Thus, a simple shock or contusion of the eye may lead to permanent amaurosis, whilst the bruising of a limb is attended with but temporary inconvenience. The blood extravasated under the influence of a bruise, it is well to remember, in a medico-legal point of view, generally after a time separates into its natural chemical constituents of serum and red globules, &c., and the prevalence of one or other of these constituents in the meshes of the subcuta neous cellular membrane gives rise to the altered color of the part, which generally tells the date of an injury, as on the fourth or fifth day after the accident it becomes of a yellowish-green appearance, the shade varying from a purple to a light-green. This is an evidence, as in a child found dead, that absorption was taking place; for in cases where this process is not going on, this variegated appearance does not exist. The tratment of bruises of a simple character consists of rest and the use of warm fomentations or cold lotions. Do not employ the latter in cases of extensive bruise, as you may compromise the vitality of the skin.

ON THE TREATMENT OF THE MORE COMMON FORMS OF SKIN DISEASES MET WITH IN EDINBURGH.

BY JOHN HUGHES BENNETT, M. D., F. R. S. E.,

Professor of the Institutes of Medicine, and of Clinical Medicine, in the University of Edinburgh.

Since the addition of a ward for skin diseases to the clinical department of the Royal Infirmary, I have had ample opportunities of determining what are the more common forms of cutaneous eruption met with in this city, and of trying various kinds of treatment. A short account of the results of my experience in this department, excluding the eruptive fevers, may not be unacceptable to my medical brethren.

Eczema is by far the most common disease met with, both in its acute and chronic forms. The local treatment I have found most efficacious is that which I recommended, in the August number of the Journal for 1849. It consists in keeping the affected part moist, with lint or linen saturated in a very weak alkaline solution, consisting of soda sub carb. ½ drachms to a pint of water. For this purpose it isnecessary to cover the moistened lint with oil silk, or gutta percha sheeting, which should well overlap the lint below, so as to prevent evaporation. The usual effect is soon to remove all local irritation, and especially the itching or smarting so distressing to the patient; to keep the surface clean, and prevent the accumulation of those scabs and crusts, which in themselves often tend to keep up the disease. After a time, even the indurated parts begin to soften, the margins of the eruption lose their fiery red color, and merge into that of the healthy skin, and, finally, the whole surface assumes its normal character.

In private practice, it is often a matter of great difficulty to secure a proper application of the lotion. Individuals are slow to accept the idea that constant moisture of the part is absolutely necessary for the treatment, and hence vigilant superintendence and frequent visits are requisite, in order to watch the progress of the case. Even in the hospital constant watchfulness is necessary, to see that nurses properly cover the eruption; and when, as sometimes happens, this task is given to the patients themselves, it almost always fails. Then there are some portions of the surface which it is very difficult to keep moist and well covered, such as the face and axillæ. But, by carefully adapting lint and gutta percha sheeting, attaching strings to the edges of the latter, so as to keep the whole in its place, I have never failed in ultimately carrying out my object.

In addition to stating what I have found to be useful, it is important to say what I have, on careful trial, ascertained to be useless or injurious. Perhaps no remedy is more generally employed in this and a variety of other skin diseases than citrine ointment, an application that I have always found to irritate and make eczematous eruptions worse. At the same time, there are some very chronic forms of the disease, which I have been told are cured by this preparation, but what these are I have been unable to ascertain. Indeed, all greasy applications whatever, in the majority of cases, are useless, and the patients themselves inform me, are very "heating." In some rebellious chronic instances, I have thought the oil of cade, has been beneficial, applied locally, although I have not yet tried it sufficiently often, to recommend it strongly. In a few cases of acute eczema, I have tried the freezing process recommended by Dr. Arnott, but the salt of the frigorific mixture, and the cold itself, has caused apparantly so much agony that I have been deterred from using it, especially when the emollient moist alkaline application is so efficacious. This mode of treatment however, undoubtedly demands further trial, and I propose to report a more extended experience of it on some future occasion.

Herpes.—This disease generally runs its course in about fourteen days, and requires no treatment whatever, further than an acetate of lead lotion to allay the smarting. It is not very common.

Scabies occurs very frequently, and is cured by a host of remedies. A strong lather, made of common soft soap and warm water, twice a day, answers very well. The question with scabies, is not what remedy is useful, but which will cure it in the shortest period. The most extensive experience at St Louis has shown, that the sulphur and alkaline, or Helmerinch's ointment cures itch, on an average, in seven days. That sulphur, however, is not the active remedy, I have satisfied myself of by experiment. Soft soap, as we have seen, which contains alkali, and even simple lard, if pains be taken to keep the parts constantly covered with it, will cure the disease as soon as sulphur ointment. I have tried the Stavesacre ointment, recommended by M. Bourguinon, in only a few cases, but found it to answer very well. Its superiority, however, over other applications, I am not yet prepared to admit.

Pemphigus.—This is rather a rare disease, and when chronic, coming out in excessive crops, is very rebellious. Two cases which entered the Infirmary last winter were cured in a few weeks, by the weak alkaline wash, applied as in the case of eczema, combined with generous diet.

Impetigo.—This affection in all its forms is very common, and is best treated by the weak alkaline wash, exactly the same as in eczema. In the chronic forms which attack the chin of men, constituting one of the varieties of mentagra, the same treatment cures the most rebellious cases, if the moisture be constantly preserved. For this purpose the hair must be cautiously cut short with sharp scissors, and the razor carefully avoided. If the side of the cheek covered by the whisker be attacked, removal of the hair from thence also is essential to the treatment. A bag or covering accurately adapted to the part affected must be made of gutta percha sheeting, and tied on with strings. This may be covered with a piece of black silk, to allow the individual to go about and carry on his usual occupations. In this way I have frequently seen chronic impetigo of the chin, of from eight to ten years' standing, completely removed in a few weeks. But then the surface must be kept *constantly* moist, a circumstance requiring great care and determination on the part of the patient. When it becomes necessary to shave, flour and warm water, should be used, and not soap. Alkalies applied from time to time only, as in the wash or soap, always irritate, although, when employed continuously they are soothing.

Ecthyma is not a common disease, and usually presents itself as the *E. cacheticum*, requiring in addition to the alkaline wash locally, a generous diet.

Acne is a disease always requiring constitutional rather than local remedies. Although not uncommon in private, it is rare in hospital practice. Careful regulation of the diet, abstinence from wine and stimulating articles of food, watering places, baths, etc., etc., constitute the appropriate treatment.

Rupia.—This disease I have never seen occur but in individuals who have been subjected to the influence of mercurial poisoning. Hydriodate of potassium and tonic remedies, with careful avoidance of mercury in all its forms, is the treatment I have found most successful.

Lichen and Prurigo.—In both these affections constant inunction with lard is as beneficial as constant moisture in the eczematous and impetiginous disorders. In the prurigo of aged persons, the *Ung. Hyd. Precip. Alb.* is a useful application, although the disease is not unfrequently so rebellious as only to admit of palliation. The chronic papular diseases often constitute the despair of the physician.

Psoriasis, and that modification of it known as *lepra*, are very common diseases, and are uniformly treated by me externally with pitch ointment. I have satisfied myself by careful trials that it is the pitch applied to the part that is the beneficial agent, as I have given pitch pills, and infusion of pitch, largely internally without benefit. With the hope of obtaining a less disagreeable remedy, I have frequently tried creosote, and naptha ointment and washes, but also without benefit. Lastly, I have caused simple lard to be rubbed in for a lengthened time, but without doing the slightest good. The oil of cade is also very useful, especially in psoriasis of the scalp. Internally, I give five drops each of Fowler's solution, and of the tr. cantharidis. It is rare that the internal treatment alone produces any effect on a case of psoriasis of any standing. If a case resists this conjoined external and internal treatment, I have always found it incurable. About a year ago I carefully treated a series of cases internally, with Donovan's solution, without producing the slightest benefit.

Lupus is a constitutional disease, and must be treated by cod liver oil, and all those remedies useful for scrofula, of which it is a local manifestation. The external treatment is surgical, consisting of the occasional application of caustics, red lotion, ointments, etc., according to the appearance of the sore.

Favus is a very common disease in Edinburgh, and is most readily removed, first, by poulticing the crusts till they fall off, and the skin presents a smooth, clean surface; secondly, by shaving the hair; and, thirdly, by keeping the scalp continually covered with oil, so as to exclude the atmosphere, and prevent the growth of the parasitic fungi, which constitutes the disease. For this purpose, a gutta percha or oil silk cap, must be constantly worn. A continuance of this treatment for six weeks, produces a cure in young persons, if combined with cod liver oil, generous diet, and anti-scrofulous remedies internally. I have tried the lotion of sulphurous acid, recommended by Dr. Jenner, and found it successful in a few cases, but the treatment by oil is so easy as to be far preferable to it. Very chronic cases are cured with difficulty, but so long as the oil is applied, the disease never returns, and mere freedom from the disgusting crusts is a great gain.

Scalp diseases must be treated according as it depends on eczema, impetigo, psoriasis, or favus, in all cases first removing the crusts with poultices, then keeping the head shaved, and, lastly, applying alkaline washes, pitch ointment, or oil, according to the directions formerly given. Ringworm is a disease I have never seen in Edinburgh, and of what it consists, I am ignorant. Some writers apparently consider it to be favus, and others a form of herpes. On two or three occasions I have seen a scaly disease of the scalp, in the form of a ring—that is lepra, which I have cured by pitch ointment, or oil of cade. My friend, Dr. Andrew Wood, informed me some time ago, that he banished it from the Heriot's Hospital school by condensing on the eruption the fumes of coarse brown paper, and thus causing an empyreumatic oil, or kind of tar, to fall upon the part. This has led me to suppose that it is a scaly disease, and a form of lepra or psoriasis.

So-called *syphilitic diseases* of the skin, are, in my opinion, the various disorders already alluded to, modified by occurring in individuals who have suffered for periods more or less long, from the poisonous action of mercury. A longer time will be required for their cure, but the same remedies locally, conjoined with hydriodate of potassium, in smaller doses, with bitter infusions, tonics, and a regulated diet, offer the best chance of success.

The great difficulty in the treatment of skin diseases, generally consists in their having been mismanaged in the early stages—a circumstance I attribute to their not having, until a recent period, been much studied by clinical students. Many chronic cases of eczema are continually coming under my notice, which, in their acute forms, have been treated by citine ointment, or other irritating applications, which almost invariably exasperate the disorder. I shall not easily forget the case of one gentleman, covered all over with acute eczema, who had suffered excessive torture from its having been mistaken for psoriasis, and rubbed for some time with pitch ointment. In the same way I have seen a simple herpes, which would have readily got well if left to itself, converted into an ulcerative sore, by the use of mercurial ointment. Nothing is more common than to confound chronic eczema of the scalp with favus, although the microscope furnishes us with the most exact means of diagnosis. I need scarcely say that the correct application of the remedies I have spoken of can only be secured by an accurate discrimination, in the first instance, of the diseases to which they are applicable.

The general constitutional treatment in all these cases seldom demands aperient or lowering remedies, except in young and robust individuals with febrile symptoms. In the great majority of cases, cod liver oil, good diet, and tonics are required. In a few instances, sedatives, both locally and internally, are necessary to overcome excessive itching or irritation. These the judicious practitioner will readily understand how to apply according to circumstances.—*Monthly Journal of Medical Science.*

CASE OF MUSKET-BALL IN THE BLADDER.

BY JAMES W. ROBINSON, M. D.

Nearly eighteen months since there fell under my observation a case of an anomalous character, which I have ever since desired to make public, but from negligence have suffered it to escape my attention until this late day. Hoping, however, that it may possess sufficient interest to warrant publication even after so great a lapse of time, I transmit to you an imperfect account of the case—imperfect from the fact that it is entirely from memory, having made no written record of the particulars at the time. I was then pursuing the duties of my profession, twenty miles north of this place, on the great thoroughfare leading from Chambersburg to Pittsburg. I was called six miles west on that road, to see a patient who presented the following history:

He was a man between 30 and 35 years of age, of good physical developement, and unquestionably, at one time, of fine constitution. Two years previous to the time he fell under my care, he was engaged in trading, in the State of Texas, whither he had migrated from Cincinnati, his former home. While pursuing his avocation in that State, he received a shot from a musket ball, which entered the depression formed by the glutei muscles on the outside of the hip, and passing through, behind the femur, lodged, he could not tell where. He lay for some weeks from the effects of the wound, without any medical or surgical treatment, and finally recovered sufficiently to return to Cincinnati. Here he entered the hospital, where he informed me that he suffered for some time from a vesico-rectal fistula, which was eventually cured by repeated cauterization; also, that either the wadding of the gun or a portion of his clothing driven before the bullet, had been removed by an operation, from the cavity of the bladder. During all this period, and up to the time at which I met with him, he could only pass his urine with much pain, by aid of a gum catheter which he had learned to insert himself, and carried constantly with him; the urine always being loaded with more or less purulent matter. Life becoming a burden to him in this situation, and his means of subsistence being reduced to an extremity, and not satisfied with what had been done for him in the Cincinnati hospital, he made his way to a similar institution in Pittsburg, at which place nothing more in the way of an operation was attempted, and no prospect of relief afforded him. He entertained some vague notion that an operation might be performed which would relieve his condition, but had no conception of the nature or rationale of it. Hence he conceived the idea, no doubt from the advice of some other person, of endeavoring to seek his way from Pittsburg to the Pensylvania Hospital at Philadelphia, for the purpose of presenting his case to the surgeons of that institution. With that in view, his last hope of earthly comfort, he started from Pittsburg in his critical state of health, on foot and without money.

Buoyed up with the prospect of a relief of his sufferings, he travelled on at a slow pace, in the month of October, the weather cold and his clothing light. On one of the days in the latter part of that month, there came on a heavy storm of snow and rain, lasting throughout the day, and covering the ground to a considerable depth. During the whole of this day he wandered over long and steep hills, drenched with rain and chilled with snow, and halted at night at a tavern, 116 miles east of Pittsburg, sick and exhausted, his day's journey having sown within him the seeds of death. After lying sick for a number of days without any medical treatment or attendence, I was called upon to visit him. I found him in a miserable condition, complaining of intense pain over the left kidney and in the region of the bladder, and passing by means of the catheter, considerable quantities of urine charged with pus, with much suffering during the evacuation of the bladder. He had labored under considerable febrile reaction, which had now assumed a real typhous type. He had for a length of time, that is in all probability, ever since he received the wound, suffered from chronic inflammation of the bladder, which was forced into a more active state by his exposure to the inclement weather, while there was superadded evident acute inflammation of the left kidney. His tongue had assumed the dark brown or blackish aspect, so characteristic of his low typhous condition, with all the other symptoms corresponding. In the way of treatment, my efforts were directed towards effecting a mercurial impression, both by internal and external use, but without avail. Demulcents and stimulants, ammonia and wine, and finally brandy and the application of powerful sinapisms and other medicines, and applications which have escaped my memory, and the recollection of which for our present purpse would be of little importance, were also used. He seemed to rally slightly sometimes, but lingering on for near ten days, he sank and died under copious hemorrhage from the bladder and bowels simultaneously. Two hours after death I proceeded to make a postmortem examination, which was, of necessity, very imperfect from the want of assistance, scarcely being able to procure the services of any one to furnish me a sufficiency of light, (it being in the night,) from the horror people out of the profession pretend to have for such operations. The examination, however, was sufficiently minute to invalidate my diagnosis, and to reveal a very remarkable case. The left kidney I found to be a mass of suppuration. The bladder was much indurated, and its coats thickened to an incredible extent. Laying open its walls I found within its cavity a musket ball of the largest size, with a calculus three or four times the size of the bullet attached to its side. I have both the ball and the calculus in my possession, though they have become detached by violence. The ball weighs more than an ounce, and is the largest I ever saw. The calculous measures more than an inch in every dimension, except one, being a little flattened and of a cylindrical shape.

The singularity of the case is in the fact that a large musket ball, with a portion of clothing, was driven entirely through the fleshly part of the hip, within the cavity of the pelvis, and finding a lodging in the bladder, allowed it to heal over it, and that it remained there for two years, without causing disturbance inconsistent with life. Also, that after the first shock of the injury, he underwent a partial recovery without any treatment. It is also very singular that he came through the hands of a number of surgeons, who failed even to detect the presence of these foreign bodies in the bladder. I regret very much that he did not reach the Pennsylvania Hospital in as good health as he left Pittsburg, then able to make a long journey on foot in bad weather. I am very sure the able surgeons of that veteran institution would not have mistaken his case, but would have unhesitatingly submitted him to the operation of lithotomy, with every prospect of saving his life and restoring his health.

I regret that my recollection, and a more minute examination of the case do not enable me to give an account, marked with that exactness and clearness of detail which must be a characteristic of every good clinical, or post-mortem report.—*Medical Examiner.*

ON THE CONTAGION OF PUERPERAL FEVER.

BY. J. CHESTON MORRIS, M. D.

DEAR SIR,—On reading the review, in the March number of the Examiner, of Dr. Holmes' work, I was impressed with the conviction that it must be decided upon experience alone, whether puerperal fever is contagious or not, and whether there are not different diseases included under that name. This experience should be generally contributed by all who have cases in their charge, and then the professional mind would soon become settled on this now much mooted question. Thinking that perhaps a statement of four obstetrical cases that have been under my care lately might prove useful, I subjoin it.

Mrs. McT. was brought to bed with her first child, Dec. 4th, 1854. After a natural labor she was delivered of a son; considerable hemorrhage followed his birth, which was easily arrested however. On the next day she was seized with a chill, followed by fever, with pulse 126; slight chills recurred for two days more; retention of urine took place also. On the fourth day tenderness was observable in the hypogastric region and slight meteorism; there was little or no milk in the breasts, and the pulse rose to 144. The tenderness increased for some days, and the abdomen became tympanitic; palpitations became troublesome; but no delirium or heavy perspirations were observable. By the steady use of blue mass and opium (not however to narcotism or ptyalism) until the skin began to relax, and the tongue, previously heavily furred, showed a disposition to clean, and supporting the system then with quinine, she improved much, and was beginning to walk about the room by December 22, but on December 25 was seized with phlegmasia alba in the right leg. Her pulse rose again to 140, she became delirous, and had copious sweats, but under the influence of quinine she recovered rapidly, and by the 20th of January, 1855, was able to leave her room. On January 11th I was sent for to attend Mrs. T., living two squares only from Mrs. McT. She was safely delivered of a boy and got well without a bad symptom. She had had puerperal fever after her previous child's birth.

My next obstetric case occurred on March 9th. Mrs. F., of nervous temperament, was ddlivered of a healthy girl after a short labor. She had for some time been suffering under a white discharge, which I suspected was syphilitic, but owing to absence from the city was unable to make a specular examination. On the second day this patient had a slight chill, which returned with increased severity on the third and fourth days. Intense peritonitis now set in, with a pulse of 140, a heavily furred tongue becoming dry and dark in the centre, changed expression of countenance, slight but well marked intoxicated delirium, and heavy sweats. Slight retention of urine also took place. But under the use of blue mass and opium at first, then of oil of turpentine (as a stimulant) and laudanum and quinine, she gradually recovered, and is now suffering only from weakness.

From the bedside of this patient I was called to see Mrs. M., living two miles from the last patient, on March 16th. I drew off Mrs F.'s urine with the catheter, and then drove immediately to Mrs. M.'s and delivered her of a fine girl. The mother was well in a few days.

Such is the history of my obstetric cases between December and March. Previous to December, nothing of interest had occurred in them, all getting well speedily. The alternation of the cases, and the almost direct communication established between the last two, seem to me worthy of attention.—*Medical Examiner.*

A TOAST.

BY OLIVER WENDELL HOLMES, M. D.,

A triple health to Friendship, Science, Art,
From heads and hands that own a common heart!
Each in its turn the others' willing slave;
Each in its season strong to heal and save.

Friendship's blind service, in the hour of need,
Wipes the pale face—and lets the victim bleed.
Science must stop to reason and explain;
Art claps his finger on the streaming vein.

But Art's brief memory fails the hand at last;
Then Science lifts the flambeau of the past.
When both their equal impotence deplore,—
When Learning sighs, and Skill can do no more,
The tear of Friendship pours its heavenly balm,
And soothes the pang no anodyne may calm!

May 1st, 1855. *(Virginia Med. and Surg. Journal.)*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, JULY, 1855.

To Our Readers.—We have the pleasure of introducing to our readers, Dr. Charles Bell of this city, who will hereafter assist in the management of the Journal. We feel confident that the essential fitness of Dr. B. for editorial labor, will render the Journal better than heretofore. Devoted as we have been to a laborious country practice, we have not been able to make it all we wished, nor such as we feel confident it will be in the future.

We hope those of our friends who have promised us original communications, will permit us to jog their memories a very little.

Eclecticism—The Eclectic Dispensatory. We have received from the publishers, *Messrs. Moore, Wilstach, Keyes & Co.*, of Cincinnati, "*The American Eclectic Dispensatory. By* John King, M. D." It is a big book of 1391 pages, containing but little less matter than the U. S. Dispensatory of Wood & Bache—but it is with the quality, rather than the quantity of its contents, we have to deal.

The first question which arises is, in what this "Eclectic" differs from other Dispensatories? and secondly, is this difference for the better, or the worse?

The disuse of Mercury and its preparations, seems to be the great "Blarney Stone" of Eclecticism, and much is here written to prove that "Leptandrin, Podophyllin, and Iridin, with Sanguinaria, Taraxacum, Berberis and Eunonymus, and occasional combinations of other articles, accomplish far more than Mercury performs, in the way of arousing the liver, affecting the secretives generally, and even producing salivation of a harmless character."

We fully agree with Dr. King, that "there is no single remedy ever known to man which has produced a greater amount of mischief by its indiscriminate use than Mercury," but all must admit that it is the fault of the prescriber, rather than of the remedy, and this being the case, is it wise to eschew the use of what the experience of ages has proved to exert the most certain effects upon living beings of any known medicine, rather than to define its proper use and teach practitioners to confine its uses, to those cases and circumstances to which it is adapted ?

We are no worshiper of Mercury, and do not ourself use it often or largely, but there is no articles of the MATERIA MEDICA, which we feel to rely upon with more certainty that this, or for which we should be more troubled to find a substitute.

An intimate acquaintance with many of the best practioners in the country, leads us to the belief that a similar view is entertained by those best qualified by education and experience, to arrive at a correct conclusion. They are not troubled with cases of poisoning from its uses, for the simple reason that they use it, as all medicines should be used, with a careful consideration based on a full knowledge of their effects upon the human system, both in health and when diseased.

It seems to be urged, in this book, that Mercury is to be discarded because these other vegetable remedies produce sufficient cholagogue effects, while among thoroughly educated physicians, the old notion that "it takes Calomel to cure liver complaint," is very little esteemed.

An important fact that the cholagogue and sialagogue effects of Mercury are small account, compared to its well known power of changing the chemical constituents of the blood, both in health and disease, is entirely overlooked, or wilfully ignored, when giving their reasons for its disuses.

Copper, Zinc and Lead, and their preparations, are also forbidden as internal remedies.

To supply the want, occasioned by the disuse of mercurials, they have enlarged the list of vegetable remedies to a frightful extent, and although they use concentrations of many articles, yet when we think of their remedial agents in connexion with our own poor stomach, we involuntarily cry, "deliver us" from being the receptacle of so many imperfectly understood drugs.

We must say that this Dispensatory is, to our mind, more highly flavored with a party spirit, than that of *true* Eclecticism, and although we would candidly wish it to be thoroughly examined by well educated physicians, who can judge between the truth and the new hypothesis, we cannot recommend it as a reliable guide in therapeutics.

PENETRATING GUN SHOT WOUND OF THE HEART. DR. J. M. CARNOCHAN has issued, in a neat pamphlet, the history of the case of the notorious "Bill Poole," who lived eleven days with a pistol bullet imbedded in the septum medium, behind the coronary artery.

It is well reported, and one gains the impression from reading it, that if he had exercised ordinary prudence, he might have recovered, as the immediate cause of his death was pericarditis, seemingly induced by the neglect of the patient to keep quiet, as enjoined by his medical attendants.

We have received from the author, a neatly printed pamphlet of 32 pages, entitled "OBSERVATIONS ON WOUNDS OF THE HEART, *and their relations to Forensic Medicine,*" by Samuel S. Purple, M. D. This paper gives reports of the symptoms, treatment and issue of over forty authenticated cases of wounds of the heart. While it must be conceded that wounds of this class are dangerous in the extreme, yet from the reports of these cases, it cannot be doubted that their mortality has been overrated. The pamphlet is published by Messrs. S. S. & W. Wood; New York. *

NEW YORK LUNATIC ASYLUM. We have just received the last report of M. H. RANNEY, M. D., the Resident Physician, made to the Board of Governors of the Alms House. The admissions during the year, were 486, of which 241 were natives of Ireland; 97 only were American born, the rest being natives of other foreign countries. What a magnificence has that charity which feeds and cares for so many hundreds of the insane poor of foreign birth. This report is very creditable to Dr. Ranney, showing as it does, that he is interested in his work and knows what he is about.

REESE MEDICAL LEXICON. A third edition of this little work has been issued by the Messrs. WOOD of New York, containing 233 pages. It presents, in a very small volume, the definitions of the terms used in medicine and the collateral sciences, and for the student or others who are to travel, it is a great convenience. It is compiled by D. M. REESE, M. D., Editor of the American Medical Gazette.

EDITORIAL CHANGES. Prof. S. B. HUNT, becomes sole editor and proprietor of the Buffalo Medical Journal, which he has managed so ably for the last two years.

Dr. BENNETT DOWLER is to continue as editor of the New Orleans Journal, instead of getting up a new Journal in that city as he had proposed.

Dr. C. D. GRISWOLD, becomes associate editor of Reese's American Medical Gazette. It will doubtless continue to be highly spiced with "on dits" of New York, its Doctors and Medical Schools.

PUSTULE MALIGNE. *An Inaugural Essay, &c., by Daniel Wadsworth Wainwright of New York City.* Billin & Bro., N. Y. This is a well printed pamphlet of 30 pages, published, we suppose, by Mr. Wainwright himself, upon a rare infectious disorder known in our books of Surgery as *malignant pustule.* We cannot say that any new light is thrown upon the affection by this Essay, and we almost incline to believe that some cases of carbuncle have been mistaken, by Mr. Wainwright, for "pustule maligne." *

ON THE CHEMICAL ANALYSIS OF THE TENNESSEE COLLECTION OF URINARY CALCULI. By *E. B. Haskins, M. D.* This is an excellent description of a collection of 180 calculi, accompanied by several well executed lithographic figures. *

A PAPER ON PROTRACTED VALVULAR DISEASE OF THE HEART, *Read before the Society of Statistical Medicine, by John W. Corson, M. D., Physician to the N. Y. Dispensary; late Physician to Brooklyn City Hospital.* This paper, upon a subject the diagnosis of which has been until recently enveloped in obscurity, is written with Dr. Corson's customary terseness and accuracy. We can recommend it as worthy of careful perusal. *

TRANSACTIONS OF THE MED. ASSOCIATION OF THE STATE OF ALABAMA, *at its Eighth Annual Session*, 1855. pp. 148. We are glad to see that the amount of valuable material yearly accumulating in the Medical Transactions of the various States is increasing. This year's report of the doings of the Alabama Association contains much of interest, especially to our Southern brethren. *

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GOOD CHANCE FOR A YOUNG PHYSICIAN.

A good location for practice, free from competition, can be obtained on very favorable terms. Address the Editor of this Journal, at "East Washington, P. O., N. H."

THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

VOL. V. AUGUST, 1855. No. 8.

(For the N. H. Journal of Medicine.)

CASE OF EXTENSIVE SCIRRHUS DEPOSIT.

J. GILLETT—Farmer, Æt. 50, of Bilious Temperament and temperate habits, (except the free use of tobacco,) was taken with occasional vomiting last January, which became quite persistent, unless the bowels were kept open by cathartics. He became restless and watchful, with marked hypochondriac symptoms, which went on without any improvement till the 1st of May, when I was called to attend him. He complained at this time of an entire want of sleep; pulse from 100 to 120; tongue coated; some thirst; could take food; appetite indifferent; pain in the Epigastric and right and left Hypochondriac regions, and a "gloomy horror" which he could not describe. All his symptoms were aggravated on the approach of evening. There was to be felt in the abdomen an irregular tumor, hard and occupying the umbilical, the right and a part of the left inguinal region. He complained of thirst, which nothing could assuage.

The diagnosis was more and more plainly developed to be scirrhus. The treatment consisted in laxatives, alteratives and anodynes, with slight counter-irritation externally. Drs. CROSBY, PEASLEE, SWEATT, NILES, and GILLETT saw him, in consultation, at different times; but all the remedial agencies employed, seemed only to palliate at the best.

His strength gradually yielded to the disease, although he had none of that sallow straw color of the skin which characterizes Cancer, till about ten days before death, when his nausea and vomiting had become persistent.

He threw up large quantities of bilious looking fluid, yet it had none of the smell, and he said none of the bitter taste of bile.

One thing was a little remarkable; he never threw up his food.

There was effusion into the peritonial cavity, but no œdema of the extremities.

His sufferings became more and more intense till they were relieved by death, on the night of the 6th inst.

Post Mortem, 42 hours after *death*. On laying open the abdominal parieties, the Stomach and Intestines were much distended with gas. The tumor above referred to, was found to be the mesentery, thickened to from one half to three-fourths of an inch, by scirrhus deposit, between its peritoneal layers. The ilium was in the same condition; scirrhus deposit between the peritoneal and muscular coat, thickened it to one-eighth of an inch, for about four feet of the lower portion. The liver was somewhat enlarged, and filled with hard light colored masses from the size of a pea to that of a hen's egg, or even larger, and when removed had the feel of a solid india rubber ball; on laying them open, they exhibited a white cartilaginous exterior, running off to a pink color and soft consistence in the centre. The lower surface of the diaphragm was completely studded with masses of the same structure, from the size of a millet seed to that of a pea. I carried a portion of the ilium, of the mesentery, and several of the masses from the liver to Prof. Peaslee, who examined them under the microscope, and who was kind enough to furnish the following letter:

Hanover, *July* 10, 1855.

DR. SMALLEY,

Dear Sir: In compliance with your request, I give a statement of the microscopic appearances of the tumors in the mesentery, liver, and ilium of Mr. Gillett.

It was evidently the same deposit in all these parts. The masses were, however, of the size of an English walnut or larger in the liver; smaller in the mesentery, and in mere granules, (some but just visible to the naked eye,) in the walls of the lower part of the ilium. The large masses showed a central portion, on section, which was semi-fluid and of a pink color; while the external portion was very firm, and of a fibrous appearance. One of them, however, showed the same fibrous structure, through its whole thickness. The structure of the liver, where not invaded by the deposit, seemed normal.

On placing a thin section of the *outer* portion of the masses under the microscope, it appeared almost wholly of a fibrous structure; with a very few cells lying among the fibres. Some of these were the compound cells so well figured in Vogel's Pathological Anatomy, in his plates representing the minute structure of scirrhus. The inner, and softer portion of the deposit, showed these cells in greater number, with but very few fibres—corresponding to the representations of cellular cancer—(or encephaloid.)

I have no hesitation, therefore, in regarding the deposit as true scirrhus.

It appeared, at first, that the deposit did not implicate the mucous membrane of the ilium. I, however, found on a careful examination that the whole thickness of the intestine was infiltrated with the cancerous deposit, in very minute granules; patches of it also appearing under, and in the thickness of the mucous membrane, as well as of the peritoneum. The wall of the ilium was thus rendered one eighth of an inch thick and very firm; and thus we may account for the firm and lobulated feeling of the tumor before death, though it was this convolution of the ilium that formed the most prominent and moveable part of it. Thus also, we account for the feeling as if the tumor might arise from the right iliac region, which I noticed on the first examination, when the idea that it might possibly be the intestine was suggested, but was given up, since it appeared that, on the whole, nothing but the omentum would be likely to become the basis of so extensive a deposit, and at the same time remain so moveable.

The disease in the liver is precisely what had been predicted as probable, on first examining the mass above-mentioned, through the abdominal walls; since it was believed that the tumor did not account for the patient's symptoms, and rendered it very probable that the disease existed elsewhere, and in the liver.

Still it is an interesting fact that up to two weeks, or thereabouts, before death, the patient had not a cachactic (certainly not a *cancerous*) expression. But I have seen several such instances; and think an absence of such expression no reason, in itself alone, for denying the presence of cancerous disease, in any case. A lady who had encephaloid disease commencing in the ovary, retained her plumpness of form, and a healthy expression of countenance, till within ten days of her death.

I should not omit to add that on laying open the lower portion of the ilium, I found a circular perforation through all its coats, one half inch in diameter. The finger thrust through this, passed its whole length parallel to the intestine and between the two layers of the mesentery. Exploring it still farther, I found it terminated in a mass of scirrhus deposit in the mesentery which had softened in its central portion; and which had thus been in part discharged into the intestine. The passage extended *upwards* along the intestine; so that no fæcal matter could probably have escaped from the intestine into it.

Yours truly,

E. R. PEASLEE.

A suggestion or two as to the cause of so much scirrhus development, and I will close.

Mr. G. was an industrious farmer; a good liver, temperate in every thing but the use of tobacco. His mother probably died from scirrhus of the stomach, as he and his brothers and sisters say "she died of a disease of the stomach, attended by frequent vomiting and great distress." That hereditary tendency played an important part in the case there can be no doubt; but that the cud and pipe *acted well their part*, in prematurely depriving his family of a kind and affectionate husband and father, and the community of a valuable member, will be still harder to deny.

ADONIRAM SMALLEY, M. D.

Lyme, N. H., July 13th, 1855.

REMARKS ON THE PREPARATION OF SKELETONS.

BY CHARLES BELL, M. D.

It is often convenient and economical for students to be able to prepare skeletons, for themselves, out of the remains of subjects used in dissection. With a few hints about the mode of precedure, and by the exercise of a little care and patience, any tolerably good dissect-er may make for himself, as good a skeleton as would cost him half a year's tuition, if bought of the janitors of any of our medical schools, besides gaining a skill in manipulation, that will be always useful.

To separate the bones of a subject, so as to study their forms and relations, and afterwards re-adjust them in their places, by mounting the skeleton, different modes are adopted. A subject who has died of some lingering disease, such as phthisis or dropsy, should be selected in preference, as in them the greasy marrow of the bones will be found nearly all absorbed, and its place supplied merely by a sort of serum. In skeletons prepared from fleshy subjects, it is almost impossible to get rid of the oil so completely, that it will not be continually frying out, when the bones are exposed to any degree of warmth, thus soiling and disfiguring the preparation, besides giving it disagreeable odour. After the muscles have been removed by coarse dissection, taking care however, not to cut the articulating surfaces, or other parts of the bones, the whole should be boiled in water, for some hours, to remove the soft parts which remain attached. Pains should be taken, in the process of cleaning and boiling, not to lose sight of certain small bones, which might readily pass unnoticed, such as the sesamoid bones, the little ossicles of the ear, the extreme bones of the phalanges &c, After the boiling, they should be well cleaned, by gently scraping them with a dull knife, by which the remaining shreds of flesh are easily detached; and then exposed, for several months, in a safe place, to the action of the sun, rain and dew. To accelerate their bleaching, they may be frequently sprinkled with water, and turned over. Too strong a solar heat, however, during the summer, alters their gelatinous constituents, and causes the bones to become dry and chalky, and frequently to crack. After the completion of this whitening process, the bones will be fit for mounting.

A better mode than the above, and the one now generally adopted for all the nicer preparations of bones, is by *maceration*. For this purpose, the bones denuded of their flesh, are steeped four or five days in fresh water, which should cover them over complely to some depth, so that the blood in them may be removed. In winter, warm water should be employed, and the maceration carried on in a warm room; in summer, water at the ordinary temperature will suffice. At the end of that time, the flesh will have become very pale and white. The water is now to be changed, and the process continued. After the soft parts have become completly decomposed, which will take several weeks, the bones must be taken out, scraped with a dull knife, washed, and returned into another tub of fresh, luke-warm water, in which they should remain for some days, to remove any bad smell, that the decomposing flesh may have left upon them. It is well to change the water, in which they are macerating, quite often, as although this retards the decay of the flesh, it renders the bones whiter, and removes the stench. Lastly the oily matter is to be removed, by soaking them for awhile in weak ley. If not sufficiently white, they may then be bleached, by exposure to the sun and wet. It is a bad plan to use chloride of lime to whiten them, as it acts upon the bone, and renders it rough and porous. The whole should finally be varnished over with the white of eggs, and carefully dried.

It may be well to remark that care should be taken not to use ditch water, or water that has been collected from the roof of a house, for purposes of maceration, as the well-known green confervoid matter will be developed in it, and stain the bones. The water in the tub should never be allowed to evaporate to such a degree as to expose any part of its contents, as exposure to the air occasions a brownish stain, which is very difficult to be got rid of.

As the cartilages become disturbed, when maceration is carried too far, it is a good plan to prevent this, by removing the bones which support them, and cleaning them before the rest. As this is very liable to occurr in the costal cartilage, they are usually separated, at first, from the ribs, leaving them joined to the sternum, so as to prepare them together.

If a disarticulated *head* is wanted, a specimen must be selected, which has not quite reached adult age. To separate these bones, which interlace upon all sides, dried peas are often employed. The skull, having been closely filled with these, from the *foramen magnum*, is laid in water, when the peas, swelling out upon all sides, with a gradual but powerful pressure, at length affect the disjunction of the bones, Sometimes, however, fractures are the result of this experiment, as the peas swell out in a few hours, while the bones softening but slowly, are broken, before they have acquired sufficient elasticity to give way· It is well, therefore, to soak the skull for some days in water, before putting in the peas, so that the bones may become slightly flexible.

Horizontal and vertical sections of the cranium are extremely instructive, and may be made with a fine saw, care being taken, in the vertical division, not to go too near the mesial line, for fear of destroying the azygos bone, or vomer.

FOREIGN CORRESPONDENCE OF THE JOURNAL.

Berlin, May 22, 1855.

My Dear Sir:—I promised the readers of the Journal, in my first letter, to give some account of the facilities which the city of Berlin presents as a medical centre. A harder task could scarcely be chosen, for I find after having been here now more than a month, that I have not as yet become acquainted with one half the advantages which are afforded to the student of our profession.

It has become common in America, as you know, to regard Paris as the great medical capital of Europe. This is undoubtedly true, but I am convinced that the large German cities are, in this respect, greatly underrated. They are, to be sure, further from us, and not so accessible from America. The German language is not so readily acquired as the French; and, more than all, our countrymen have, of late years, more and more fallen into the habit of going to Paris to complete a medical education. There is no question, however, but that Berlin, Vienna, and Prague will, in a very few years, become the resort of all who wish to pursue their studies, for a length of time, upon the continent.

The chief attractions of Berlin, in a medical point of view, are the public and private hospitals, and the lectures in the Royal University. The city itself, having a population of over four hundred thousand, affords abundant material to the student of every class of disease. The hospitals are immense, and among the best regulated in Europe, and the private and public clinics are unsurpassed in the world. A peculiar feature of this city is the great number of private institutions, devoted to special diseases, to which the foreign student can obtain an easy access, if he desire it.

It so happened that the time of my arrival here was very fortunate. The summer's term, or semester, of the University, had just opened, and the various courses of lectures had hardly commenced.

The method of study here, is in many respects widely different from the system adopted in America. There are none of those isolated medical schools, as with us, having at most seven or eight professors, and hardly able to subsist on account of the competition of other schools. The different professions are, on the contrary, here all represented in the universities; the lectures are given simultaneously, and degrees are conferred at the same time in all. The number of professors in the Medical Faculty of the university at Berlin is forty, and the students are at liberty to attend the lectures of such as they prefer. Oftentimes, there are four or five courses upon the same subject going on at once.

This method has great advantages. The schools have greater influence upon the profession of the country. The facilities, which in our country, are divided round among a score of little institutions, are all concentrated in one place. The museums are larger, and there is a natural emulation among the professors to excel, as they thus obtain a greater number of students at their lectures. The students may, at the same place, hear the same topics illustrated by several men, and thus acquire a much more comprehensive view of his studies, than where he is obliged, to gain the same advantage, to go hundreds of miles to hear a different corps of professors.

The great advantage, however, of the European system is, that all of the Professors are resident. Many have their private hospitals or clinics, and the student of a specialty may carry his investigations as far as he chooses, and find an unlimited means of illustration. At his examination for a medical degree, however, all of the Professors take a part, and the student has his real knowledge tested far more severely, than when graduating fees, or rivalry between schools, are the elements of success.

Yet Berlin is no place for the foreign student to begin his studies. One needs the stimulant, which he receives from a comparison of the unusual facilities which are offered in European institutions, and the higher scale of learning here, with the thorough, though not so extensive course of instruction in our ordinary medical schools at home.

I can give the readers of the Journal no better idea of the extent of the course of study in Berlin, than the fact, that there are over eighty separate courses of instruction given by the Professors, during the present term. There are lectures upon General and Special Surgery, Anatomy, Pathology, Obstetrics, Physiology and Therapeutics.

Besides these, there are courses upon all of those collateral branches which are now as necessary to a thorough medical education as any of those ordinarily taught in our schools. There are those upon Forensic Medicine, the History of Medicine, Microscopy, Botany, Toxicology, Comparative Anatomy and Pharmacy.

Special courses of instruction are also given upon Diseases of the Ear and Eye—and the profession of Berlin is at the head of the world in this department—upon Diseases of Women and Children, abdominal and cutaneous diseases, auscultation and percussion, and diseases of the brain.

Whenever it is possible to introduce practical instruction, this is done. Botanical excursions are made with students; they have an opportunity of performing all the operations of surgery upon the cadaver; lectures are given in the museums, in the dead houses attached to the hospitals and in private laboratories. The lectures continue daily from six o'clock in the morning till eight at night, for eight months of the year. There are two terms annually, and the student, in pursuing a five or six years' course, can have an opportunity of gaining a practical knowledge of his profession, from the adjustment of a bandage to the diagnosis of a grave disease.

The two most prominent men in the Medical Faculty of Berlin are, probably, Langenbeck and Von Græfe. The former, the successor of Dieffenbach, as a surgeon, is second to no one in Europe, and his name is now quoted as the first surgical authority of Germany. The few American surgeons who have visited this city and made his acquaintance, will always remember the attentions with which he receives our countrymen, and the pleasure and instruction which his conversation and public clinics afford. In personal appearance, Prof. Langenbeck is altogether prepossessing. He is a slight built man, of about forty years, of a thoughtful countenance, and wearing the look of one who is constantly active but never exhausted. He speaks English perfectly, and often refers to the labors of English surgeons with evident admiration.

I was surprised to find him so well acquainted with the names and success of the distinguished men of his profession in America. While spending an evening lately at his beautiful residence in the Thier Garten, he took occasion to express himself in the warmest manner in regard to Drs. Pancoast, Mott, Carnochan, Mussey and Warren. He spoke of Mr. Guthrie's first idea of chloroform, and the discovery of the application and advantage of ether in surgery, as entirely originating with us. He praised the success of our surgeons in many operations, in which those of Europe are quite unfortunate, and I remember his speaking, in particular, of the operations of his personal friend, Dr. Kimball of Lowell, in abdominal surgery, as being altogether unsurpassed upon the continent. Dr. Langenbeck has had but seven cases of ovarian tumor in which he has performed the long Cæsarian section, and five of these died of secondary Peritonitis. In none of them, was there any thing to counter-indicate the operation. Dr. L. thinks that the influence of climate is of great weight in the success or failure of this class of cases. It is worth a remark, that Dr. Langenbeck's uncle was successful in extirpating one uterus, but this was taken out below, and not by the abdominal section. He regards the celebrated case of Dr. Kimball as unprecedented in surgery.

Prof. Langenbeck is himself a cautious surgeon. In cancerous affections of the mamma, particularly, he is never in a hurry to operate till the disease is quite developed, and in all malignant cases, he refrains from too early a use of the knife. I mention this fact as interesting, when the profession is so eager to learn the opinions of the best surgeons upon these points.

The treatment of surgical diseases by Langenbeck is often original. In hernia humoralis, for example, although compression and the Iodine Ungent are used by him, his favorite remedy is the frequent introduction of a bougie into the urethra. He has had one or two cases, apparently of carcinoma of the testis, prove themselves to be non-malignant, by being thus entirely cured. In the military hospitals herewhere this disease not unfrequently occurs in patients who have suffered from tedious rides on horseback, I am told that strapping the testicle tightly with strips of plaster, prepared with the addition of some resolvent medicine, succeeds admirably. The plan is very nearly the same as recommended in Mr. Furgusson's system of surgery, when the adhesive plaster is combined with the camphorated mercurial plaster.

The surgical clinics of Berlin are full of interest, and Langenbeck's in particular. This is attended by hundreds of the students from all parts of Europe, who are attracted by the fame which he has acquired, and by his skill in operating. He is at the head of the Royal Opthalmic Institution here, and holds a clinic of two hours in length daily.

I can give your readers no better idea of their character than by mentioning a few of the interesting cases. Each one was commented on for fifteen or twenty minutes by the Professor as it was presented before him.

1. Young lady: woke up three days since, with loss of movement in the right shoulder and great pain. There is now crepitation. Diagnosis: a chronic inflammation which has been going on sometime, and which now first manifests itself. Treatment, by local counter irritants, tonics, and eventually passive motion. The result to be feared is, of course, anchylosis.

2. Hare lip in a child a few weeks old. Prof. Longenbeck adopts the principle which the London and Edinburgh surgeons are just now so zealously unholding, of operating in these cases as early as possible. He uses the common interrupted suture almost invariably.

3. Osteo sarcoma of the scapula. Removed by an operation.

4. Young man, 26 years old, whose right testicle is still contained in the inguinal canal. The patient objects to being operated upon.

5. Child with two thumbs on each hand; one removed at the desire of the mother.

6. Carcinoma in a woman of 63. From the left external labium, one tumor is extracted as large as a pear, and a smaller one from each groin.

7. Child 2 years old. Clubbed hands. The tendons of the flexors at fault are cut, and an apparatus ordered.

8. Hydrocele in a middle aged man. Injected with diluted chloroform.

Chloroform, by the way, is used altogether as an anæsthetic agent in Berlin, and with few bad results. Dr. Longenbeck informs me, that although he has had several cases of deep asphyxia, he has had only one case of death, in his whole practice, from its use.

But I must draw this long letter to a conclusion. I will simply take leave of you and the readers of the Journal, in giving the details of a most singular case which has lately occurred to the distinguished man, of whom I have endeavored to convey a practical portrait. I have just been looking at the plates which represent it in the portfolio of Prof. L. The history of the case is simply this. The patient, a young lady, was suddenly affected by a suppression of her menstrual discharges, and soon after, several eruptive spots came out, first on one cheek and then on the other, and finally upon the nose. The eruption resembled lupus, but was evidently different. It destroyed the entire nasal organ. A new nose was formed from a flap taken from the forhead by the Taliacotian operation. The result was union by the first intention. *The menses reappeared at once after the operation*, and Dr. L. congratulated the lady upon this fact, as he thought that, between the eruption and the suppression, he discovered a connection. But the menses again stopped; the eruption reappeared, and the new nose entirely sloughed off. The question of interest in the case is, of course, the nature of the eruption. N. E. G.

CLINICAL LECTURE ON HYPERTROPHY OF THE PROSTATE WITH RETENTION OF URINE.

DELIVERED AT THE LONDON HOSPITAL, BY JOHN ADAMS, ESQ., F. R. C. S., SURGEON OF THE HOSPITAL.

Gentlemen: These cases of prostatic hypertrophy are of every day occurrence. Their importance may be approximately estimated by their frequency, and the disastrous consequences to which they too often lead. I am therefore glad to have the opportunity of directing your attention to-day to this subject.

We have received into this hospital, during the last year, 177 cases of retention of urine, from all causes. Of these, only six have happened to females—the rest to males. The reason of this vast disproportion, is obvious enough. The length of the urethra in the male, the existence of various muscles surrounding it, the position of the prostate gland at its commencement, the lodgment sometimes of small calculi in various parts of it, the existence of stricture (which is a disease almost exclusively of the male urethra,) the severe attacks of inflammation to which the urethra is liable in gonorrhœa, all these causes predispose the male subject to retention of urine, and explain the important fact alluded to. I may also mention the injuries to which the male urethra is liable, all of which lead to a similar result. Now, I think I may venture to assert that, of all these sources of obstruction, hypertrophy of the prostate gland is the most common cause of the retentions of urine, which are brought to this hospital. I regret that the statistics of the hospital do not give us information on this subject; but in future, a better system of registry, now about to be adopted, will supply the omission.

This enormous mass of cases, which almost invariably come under your own immediate inspection and treatment (independent of the surgeon,) gives you such a field of practical experience, as cannot be obtained anywhere but at institutions like this. I am sure you must have remarked, that it is my invariable custom to habituate the dressers of this hospital to the introduction of the catheter in all cases; and even in the worst cases of stricture, requiring the nicest manipulation, if I find that a student under my direction succeeds in the passing of an instrument into the bladder, I confide the case at once to him, to bring it to a successful termination. I dare say, you remember my saying to one of the students, in the beginning of the present session, in allusion to a case of retention of urine, that the best clinical instruction I could give, was to teach him to pass a catheter. The consequence of all this is, that the surgeon is seldom sent for to cases of retention. The house-pupils, under the eye of the house-surgeon, have generally done the business before his usual visit. It is, of course, not always so, as the present case exemplifies.

Let me now consider the case before us; here is a case of retention of urine, occurring in an old man of sixty-seven, who was the subject of a similar affection, about a fortnight ago. He could not explain the cause, but says that he was called on to pass urine many times in the night, and at eight in the morning, complete retention came on. The very simple fact of the age of the patient should at once arrest your attention, as it is a most important element in estimating the cause of the retention. An old woman slips upon the pavement, and injures her hip, and cannot walk; she is brought to the hospital, and, without examination, you at once infer that she has fractured the neck of the thigh-bone. So retention of urine, occurring in an old man, leads you to the conclusion that the retention arises from enlargement of the prostate gland, and this is generally the case. Nevertheless, you ought to inquire into the history of the patient's case, and he will tell you, perhaps, that he never had any complaint in these parts, or any difficulty in passing urine, until during the last six months, when he has fonnd that he has been called upon more frequently to pass his urine, especially during the night, and that the stream of urine, although sufficiently full, perhaps, has lost much of its force. Sometimes there has been a great deal of pain, accompanying the efforts at expulsion. Well, with the brief history which you gather from your patient, your notion or idea is strengthened; but to set the question at rest, you pass your finger per anum, and at once all doubt vanishes, as you feel the gland enlarged, possibly to the size of your fist. It is a curious fact that patients seldom experience any pain during the progress of the enlargement; but I have often ascertained that a slight tingling sensation on the dorsal aspect of the glans penis, in the course of the dorsal nerve, has been experienced, but no importance has been attached to it; in fact a man will say that he never knew he had any disease about him of the nature of enlargement at the neck of his bladder, until informed of it by his surgeon. You have now ascertained the cause of the disease, and you proceed to act accordingly. There is no use in wasting your time, and exhausting your patient's strength, by leeching, purging, warm baths, &c.; the catether is the *unicum remedium*, and to this you at once resort. You call for a prostatic catheter, place your patient at the edge of the bed, or in the erect position, introduce the instrument *secundum artem*, and draw the water off. You then take out the catheter, order the patient to bed, and anticipate the necessity of a re-introduction of the instrument in three or four hours. I say in three or four hours, for you will usually find that the water begins to pour down rapidly from the kidneys, and the bladder is refilled, and requires, even more urgently than before, to be emptied; or possibly the passing of the catheter has ruptured some of the large veins in the neighborhood of the prostate, and a very considerable quantity of blood has become mixed with the urine, to the great increase of the contents of the bladder. The bladder should be entirely emptied, at each introduction of the catheter.

To proceeed with the case: there was a difficulty which could not be overcome. The dresser of the previous week, under whose care he had been relieved, and who had recognized the case as one of enlarged prostate, by examination per anum, was foiled. The prostatic catheter was passed up to the hilt; and the elastic catheter was used without effect. No very small instruments were used in the case. It now became my duty, at the usual visit, to examine the case myself, and to relieve the patient at all hazards. I was apprised of the nature of the case, and finding that the ordinary instruments had been unsuccessfully used, I directed the patient to stand up, and took a full-sized elastic catheter, without stylet, straightened the instrument, and passed it along the urethra. I felt it hitch against the prostate; and having withdrawn it about an inch, I advanced it again, and it entered the bladder at once. Gentlemen, there is no mistaking the sensation experienced as the catheter enters the bladder. It goes in, as the Americans would say, *slick*; and I dare say you knew the meaning of that term.

My object, in the present lecture, is to explain the reason why one instrument succeeds in one case, and another in another. Mark me; I take no credit for the success of the manœuvre in this case. We are all liable to be foiled in our best endeavors; and I do not give much credit to those who say they are never foiled in passing a catheter. An inspection of the preparations preserved in all our museums, will show why their efforts have been crowned with success (such as it is.) Perforation of the prostate stands in judgment against them. I cannot help thinking, that after fumbling about a case for a long time, our fingers get fatigued, and refuse to obey our will or inclination or will; and this is a cause of failure. A fresh surgeon comes forward; he gains knowledge by the failing attempts of his predecessors; he takes the very instrument they *have not taken*, and, with those advantages, no wonder he succeeds. If you will take pains to examine the bodies of patients who have died of retention of urine, and dissect out the bladder and urethra, you will find that the prostate enlarges in various directions. Sometimes it is the left lobe which is enlarged; sometimes it is the right; sometimes both are enlarged together, as is very generally found to be the case; but most frequently, the third or middle lobe is the seat of the enlargement, and by rising up at the orifice of the urethra, it dams up the bladder; indeed, John Hunter called it the valve of the urethra—and prevents the urine from escaping. Attention to these varied conditions will, I think, often explain why one instrument will pass more readily than another, in particular cases. Thus the middle lobe being the seat of enlargement, and the cause of retention, if this body rises up equally, the urethra elongates to a great extent, and it requires, first, a large, long catheter—long to traverse the entire length of the canal—and large, to prevent it hitching in the prostatic sinus; next, that the point of the instrument should be tilted up, either by depressing the handle, or by inserting the finger per anum, so as to carry it well over the projecting third lobe; a gentle pushing forward of the catheter is then requisite, and the bladder is entered at once.

In other cases, the lateral lobes of the gland are unequally enlarged, the third lobe being free from any extraordinary increase of size, and the retention is due to the coaptation of the two lateral lobes, which sometimes dovetail into one another, and the urethra becomes deviously directed to one side or the other. In this case, the large silver prostatic catheter will not answer, and either a smaller instrument, or one with a small abrupt curve, (such as I now show you,) or, what I think is much better, a large elastic catheter, without a stylet, should be gently pushed along the urethra; it will gradually make its way through the winding chanel, and enter the bladder at once. I think, in the case before us, the prostate has been enlarged in this latter method, and hence the facility with which the catheter was introduced. I am almost tempted, in some cases, to try a long, nearly straight, silver catheter, but of course this would not answer in cases of hypertrophy of the third lobe; but if this be enlarged, and inclined more to one side than the other, the elastic catheter, introduced as I have just stated, may make its way more readily and easily than even the large prostatic catheter. Sir Benjamin Brodie generally employs the elastic catheter; and there is an obvious advantage in its employment as a general rule—namely, that, independent of other considerations, it is more easily retained in the bladder, if you wish to keep it in.

Let us further examine the case before us, and apply what we have just said: it appears, in the report, that the old man passed his urine himself, after the first day. Now, can we explain this? you may ask. Where is the enlargement to which the retention was attributed? Is it gone so rapidly? These questions no doubt suggest themselves, and are pertinent enough, and I offer the following explanation:—There has been superadded to the hypertrophy of the prostate, vascular congestion, and this having been relieved by the bleeding, occasioned by the catheter, and by the rest, purging, &c., the gland has been relieved, and has resumed its wonted size, (of course still much enlarged,) and the parts, therefore, have permitted the urine to escape. I can hardly think that anything like spasm of the prostate exists, although it is a muscular organ, or that it can have produced the impediment; and if spasm of the urethral muscles were the cause, the catheter could not so readily have been passed. Venous congestion—too often, perhaps, overlooked—has, I think, been the immediate cause of the retention of urine. I know instances of cases, which have led me to this conclusion. I knew an old gentleman who always suffered retention after a nocturnal emission. In this case one can hardly suspect any sudden increase of size of the gland, except such as may have resulted from vascular congestion.

I need only say, in conclusion, that the case before us, having been completely relieved by the use of the catheter, employed night and morning for several days, is discharged, with the certainty that at some future time he will return to us, and require a similar mode of treatment; and so he will go on until the termination of his life, the intervals of retention being briefer and briefer, unless you put him in a way to do something for himself, of which I shall speak at another lecture.—*London Lancet.*

CHLOROFORM IN MIDWIFERY.

Prof. E. W. Murphy, in a recent work reviewed by Dr. Churchill, in the April number of the Brit. & For. Med. Chir. Rev., from which the following quotation is taken, advances the subjoined Rules for the administration of Chloroform in child-birth:—

Rule 1. Let the Chloroform be pure. If rubbed on the hands, the smell should be fragrant, not pungent, like sulphuric ether. If inspired from the inhaler, there is a sense of warmth in the mouth, a fruity flavor, no pungency; if the strength of the vapor be sufficient, it will excite a slight cough: but if impure, the cough is irritating. Let the sponge of the inhaler be placed in warm water, and then rung perfectly dry. About thirty minims may be poured upon it, which is sufficient in the first instance.

2. When labor has commenced, do not interfere so long as the patient bears her pains well; if she be not teased with short, very severe, and inefficient pains, chloroform need not be given. If, on the contrary, the severity of the first stage be such, the anguish of the patient so great that pain is evidently a cause of protraction, chloroform may be given with great benefit.

3. Always commence with a small dose, about thirty minims; if it

agree with the patient no inconvenience is caused, but she will generally complain that it is doing her no good; the quantity may then be increased, until on inhalation the exhibitor finds that she cannot take a full inspiration without cough.

4. In the second stage of labor, chloroform may be given when the head is approaching the perineum, or before then if the pains become intolerable. This may be known not merely by their greater intensity while the uterus is in action, but also by the restlessness of the patient in the intervals. She is watchful, dispirited, still crying, but in a more subdued tone, from pain and a feeling of soreness.

5. When the head arrives at the perineum, chloroform may be given in a fuller dose, if it have not already accumulated. The perineum yields more easily under its influence, and the severity of the pains is controlled without any loss of force. This rule applies especially to cases in which powerful forcing pains are acting against the perineum at the hazard of its laceration.

6. When operations are necessary, if they are not severe—as, for instance, some forceps operations—chloroform may be given in the same manner as in natural labor, but always after the instrument is applied. If severe, it may be given as in surgical operations, but not to the same extent. Hence an assistant is necessary who is conversant with the properties of this anæsthetic. It is obvious that the same person cannot operate and give simultaneously the full soporific dose of this agent.

7. The inhaler should be applied to the mouth just before the pain commences, two or three full inspirations taken, and the moment the action of the uterus ceases it should be withdrawn. The inhaler should never be applied in the interval between the pains, and if used in the middle of a pain the cries of the patient blow away the vapor and no relief is given.

8. When inhalation has been continued in this interrupted manner for some time, if any alteration be observed in the countenance, or manner of the patient—if the face is flushed, or bloated, or tinged with a slight lividity—if she ramble or become hysterical, let the inhaler be withdrawn, and the face of the patient fanned. Wait until the pains return to their original severity before renewing the inhalation, when it is probable that these symptoms will not return.

9. In some instances, the patient is very intolerent of her pains, and if given chloroform to relieve them, she becomes hysterical, crying, perhaps louder than before it was inhaled. In these cases it is better to induce sopor, which may easily be done, without stertor. For this purpose, a sponge and folded handkerchief applied to the nostrils is preferable to the inhaler. Whenever sopor is brought on, the closest attention should be given to the countenance—observe the irritability of the eyelids; to the respiration—notice its frequency, and especially stertor; to the pulse—mark its strength. The handkerchief should

always be held at a distance at first, and be gradually brought nearer, but the sponge should never be applied quite close to the nostrils.

10. There should be the freest circulation of air in the apartment; and if, after delivery, there should be any feeling of faintness or nausea, ammonia in effervescence will relieve it.—*New Orleans Med. and Sur. Jour.*

REMARKS.—We have always been averse to the use of chloroform for anæsthetic purposes. Whether more dangerous than ether, *per se*, or not, is of no consequence to the question; certain it is that from its greater strength accidents are more likely to occur. Its only advantages are its more agreeable odor, and the rather questionable one of its more rapid action. Having once witnessed a fatal result from its incautious use in a public institution, we have never been disposed to regard it in so favorable a light, for anæsthetic purposes, as we do the ether. Its popularity has been wafted to us from across the ocean, where it undoubtedly originated in a jealousy of our discovery of the effects of ether. Although excellently adapted for certain modes of *external* application, we must counsel our readers to, at least, err upon the safe side, and always make use of pure concentrated sulphuric ether for such purposes. *

TREATMENT OF CARBUNCLE—GENERAL TREATMENT.

Three or four different plans of treatment are in vogue in the Hospitals for the treatment of carbuncle. 1st. By stimulants, full diet, quinine, ammonia, etc. 2d. By opium, freely used, and generally combined with tonics. 3d. A more expectant plan, by salines, low diet, etc., in the first stage, and the moderate use of tonics afterwards. In all these, purgatives, of course, form a part. One of the largest carbuncles which we have ever seen, occurred to a tailor, from Hampton Court, who was treated by Mr. De Morgan, in the Middlesex Hospital, about two years ago. The case was an extremely severe one, the depression of the vital powers being such that, for more than a fortnight the result seemed very doubtful. The very free use of opium, in combination with liquor cinchona, appeared to answer an excellent end, and the man ultimately recovered. We have not, however, seen the opiate plan tried on a sufficiently large scale to justify an opinion as to its general merits, the method by stimulants being by far the most frequently adopted. Mr. Lloyd, at St. Bartholomew's is the surgeon who is, perhaps, the most sparing of any in the use of stimulating remedies; and we certainly have not observéd that his cases do any worse than those of the others. In the early stages, Mr. Lloyd generally prescribes saline and fever diet; unless, indeed, the patient be very old or infirm. In one case under his care, after the sloughs were separating, several attempts were made to give stimulants, but on each occasion a fresh accession of inflammation being caused, they were at length desisted from, and the man recovered very satisfactorily without. In carbuncle, as in all other diseases, the surgeon should, doubtless, pay less regard to the name and reputed pathology of the affection than to the symptoms actually present. If the system be much depressed, if the disease appear to have resulted from bad living, and, above all, if the patient's instincts demand them, stimulants should be pushed. If there be extreme restlessness, pain, exhaustion, etc., and if, after a few doses, it appears to agree with the stomach, the sustaining properties of opium may probably be very valuable. Should, however, the patient be of fair strength, the disease in its stage of advance, and attended by sharp inflammatory fever, it may be doubted whether any empirical evidence as to the usefulness of stimuli under such circumstances has yet been obtained sufficiently strong to lead the surgeon to ignore the rational principles of treatment. In such a condition, the arrest of the disease would probably be much sooner effected by alteratives, purgatives, and salines, than by brandy or opium. It is even not improbable that the bleeding caused by incision is often of great advantage.

Local Treatment.—From the time of Wiseman, the practice has been general of making free crucial incisions into all carbuncles. It has not, however, been absolutely universal. A few surgeons, among whom may be mentioned John Pearson in our own country, Von Walter in Germany, and Perrez in France, have been sceptical as to its efficacy. There are also in the present day some surgeons who do not recommend it. Chelius, on the contrary, who appears to have paid some attention to this question, records thus, in strong terms, his conclusion:—"That cutting into the carbuncle is generally neither useful nor necessary, is the most dangerous statement that can be put forth respecting its treatment." Respecting this point, two propositions may, we think, be maintained: 1st. Carbuncles will very frequently get well without having been incised. 2d. The practice of incision, however free, does not by any means universally arrest the carbuncular inflammation. In proof of the former, the fact, that of the cases in our list, eight were not treated by incisions, is conclusive. In these, for the most part, the patients came under care when the disease was evidently arrested, and when free openings had spontaneously formed; so that there was no object for resort to the knife. Many others besides these have been under our observation, and, as a general rule, it may be asserted that the destruction of tissues is far less extensive when the incision has been avoided, than when practiced. The consequent cicatrix is of course much less also. The assertion, that incisions, even of the freest kind, do not always arrest carbuncular inflammation, will scarcely be held to need proof by any one who has seen much of the disease. If the proof be required, however, we may refer to the fact, that in five out of the twenty-seven cases in which incisions were practiced, their repetition was subsequently necessary. Yet, granting the occasional spontaneous curability of carbuncle, and the occassional failure of treatment by incisions, the case still stands very triumphantly in favor of the latter. The only drawbacks to their use are the amount of sloughing and the large scar; but to set against these we have the complete relief of pain in almost every case, and the fact that of twenty-seven cases on our list, in no fewer than seventeen the inflammation never spread after the first incision. This latter fact is one of great importance, for it cannot for a moment be held that in so large a number the cessation of the diseased action was simultaneous with the incision treatment by accident. The relation between the two must, we think, he held proven; and the fact becomes more telling when we add to it, that of the six exceptions in which the disease spread, in none did the spreading continue more than five days, and in none were more than three incisions needed. Now, it happens that a large majority of carbuncles occur in positions in which the avoidance of scar is a matter of no moment; and in those where it is important—the face, for example—the disease is so dangerous to life, that in its treatment consideration of personal beauty cannot be allowed much weight.

OPIUM IN THE TREATMENT OF CHRONIC ULCERS.

BY MR. SKEY.

Opium produces a certain effect on the chronic and callous ulcer; if it answers here, it will in other diseases, having the special character of the chronic ulcer. The pharmacologists tell us it is a stimulant and sedative? What do you understand by the stimulating properties of opium? I should be at a loss to call to mind any cases in which it is given as a stimulant, unless in such as these. In nineteen out of twenty instances it is employed as a sedative, as, for example, in relaxed bowels, and to promote sleep. I can show you it possesses other properties quite equal to these; it prevents sleep sometimes; when taken continually it tranquilizes, but it will not always produce sleep. What is the action of opium to which I allude? Whether it acts on the centre or the periphery, whether on the heart or capilliaries, I do not know. But this I do know, that it promotes a healthy action on the capilliaries of the body, and in cases of chronic ulcer, which I select as an example, you will have a local action set up, which will heal a wound—will set up a healthy granulating surface, and completely heal it up in a short time, when every other method has failed to do so. What is the condition and character of a chronic ulcer? A chronic ulcer is an excavation, for the most part, affecting the limbs of old people, generally the inner side of the lower limbs; two processes are going on, the formation of a ring of organized lymph which encircles the excavation, thus hollowing it to a considerable depth, and its surface is covered with unhealthy lymph. This is common to all of them; the elevation of the margins is not a specific manifestation, as it is common to other forms of ulcer. Under the microscope there is a granulation to be seen, there is an ichorous discharge, with an offensive fœtor arising from it, and yet there is no sensibility, no annoyance nor suffering to the patient, itgoes on for year after year without any change; you may strap it, there is no change produced. I give opium, what does it do? It seems to start the capillary system all over the body, particularly in the lower extremeties; it produces a genial glow, which may be compared to that of a cold bath, but not from such as is ordinarily taken; go into a warm bath, with a meal in the stomach, with or without perspiration, it makes no difference; well, then, the glow is produced by the opium, and healthy granulations over the whole surface of the ulcer will become apparant in a week. What is the sum of the actions of opium? You will say it is unhealthy. It is not; it promotes warmth, the pouring out of healthy secretions, it produces healthy integument, healthy granulations, it absorbs the unsound around it, and, while the granulations are coming up the elevations are going down. That cannot be considered unhealthy which promotes health. —*Med. Press.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, AUGUST, 1855.

MEDICAL JOURNALS.

We choose the opportunity when some changes are taking place in the editorial conduction of the Journal, to make a few remarks upon the general design of medical periodicals.

The character of a medical journal, our readers will admit, depends in a great degree, upon the readiness with which its patrons are ready to assist in its management. The proper design of a publication of this kind, we deem to be more as a medium for the interchange of views of pathology and treatment, than a repository of selections from medical works, or of pieces written to order, by its editors. If the entire burden of conducting a medical journal is thrown upon one or two individuals, the paper necessarily loses much of the freshness, that it would receive from a variety of contributors, writing upon diversified themes and in diversified styles. Moreover, as medical journals are notoriously not *money making* undertakings, but established only for the edification and advancement of the Profession, there seems to be no good reason why the Profession should not consider themselves in a measure responsible for their well-being. We receive many exchanges from the different States and medical communities of our land, and we assure our readers that it is no difficult matter, to diagnosticate the internal condition of any one cf them, and decide whether the body of the Profession in its neighborhood take an interest in it, and cherish it or not. The want of fresh and succulent food works as decided a change in the condition of a journal of medicine as in a human being. The cachectic and scorbutic look can not be mistaken. The remedy for the malady is, moreover, well known, and we beseech our patrons to have an eye to the health of their N. H. *protégé.*

We believe that the greater part of our Profession in this State realize the advantages that may accrue from a well-conducted journal of medicine, and are willing to contribute to its advancement. We believe that the greater part look upon us with kindly eyes—we are sure that those whose opinion is worth valuing, do. Yet when personally soliciting communications we have been rebuffed by the remark, equally insulting to ourselves and to the whole medical profession in N. H., that so many young ignoramuses make use of our columns that a respectable physician, forsooth, cannot stoop to assist us. We beg to ask what kind of respectablity that can be, which cannot condescend to make itself useful to the world? Let such examine our list of collaborators, and see if among them are not some of the brightest ornaments of medicine, of which our State can boast. Of such as treat us so unhandsomely—we do not wish the assistance or support.

We desire to repeat our invitation to our friends in all quarters, to furnish us with original matter. In this way alone, we think, can the true design of a journal of medicine be answered—of promoting a free interchange of thought and opinions among physicians. We have it in contemplation to make some further changes in the Journal, at the beginning of another year, by enlarging it and devoting more time and care to its preparation. If our subscribers will only give us sufficient encouragement to labor, we hope that the Journal, from its slender beginnings will go on, *viresque acquirens eundo*, until it shall rank in respectability with the best journals of our land.

In conclusion we beg once more to remind our friends that we are in constant need of their assistance, and to solicit their active coöperation in our undertaking. *

DR. HORACE GREEN AND THE NEW YORK ACADEMY OF MEDICINE.—In our April No. we alluded to a paper read by Dr. GREEN, before the Academy, and also to some attacks which had been made upon him by the N. Y. Medical Times.

While we know little and care less about the petty bickerings of New York Physicians, the treatment of diseases of the throat and lungs is a subject of paramount importance to the whole profession, and any new light which may be thrown upon the subject is of value, regardless of its source.

In December last, Dr. Green read a paper before the New York Academy of Medicine, in which he "advocated among other things, the introduction of gum elastic tubes into the trachea, and injections of a solution of the nitrate of silver into the lungs."

"The President of the Academy, Dr. Joseph M. Smith, appointed the following committee to inquire into and examine the proposed treatment:—Drs. W. Parker, A. H. Stevens, Isaac Wood, B. F. Barker, John O. Stone, J. T. Metcalfe, James Anderson."

This committee having *labored* for six months, reported on the 6th of June.

This report and the minutes of the committee on which it was based, comprise 23 octavo pages, and is much too voluminous for our pages; while reading it we were involuntarily impressed with the idea that a few of Dr. Green's enemies had been packed as a committee on this occasion, and were much relieved when we came to the voluntary announcement of some of its members that they had "entered upon the committee determined only for justice, with prejudices(?) in favor of the paper, and a desire that Dr. Green's statements might be proved correct."

It will be recollected that the editor of the Times charged that, "in one case, the autopsy of which we ourselves witnessed, the *operation proved fatal* in less than 48 hours." Justice to all parties demands that this case shall be published, which shows that the patient was near the end of life, an unfit subject for any experiment, and that the excitement and fatigue of passing the tube may have hastened his death. The record of this *fatal case* is as follows:

"*25th Patient.*—Isaac Griffin—very deaf man. Dr. Taylor mentioned that this man was affected with secondary syphilis and tubercles, and that he had succeeded in passing the curved tube into the trachea, but on withdrawing it, it had assumed a double (segmoid) curvature. On first trial with curved tube, Dr. Taylor entered the œsophagus. Dr. Stone then felt for the epiglottis with the left index finger, and passed the curved tube into the trachea. There was no spasm, and the patient breathed freely through the tube. The success of the experiment was admitted by all. A solution of the nitrate of silver was then thrown in without any spasm. It is proper to mention that this patient was in a very feeble condition when this experiment was tried. This fact may, perhaps, in a measure account for the little distress caused in the passage of the tube. The syphilitic affection of the trachea undoubtedly contributed also to render the parts insensible.

After the committee adjourned, this patient was visited by Drs. Parker and Stone. He was made to hear, by applying a flexible stethoscope to the ear. He said he felt worse since the experiment was made. He was much agitated. His sphincters had become relaxed, and he had defecated in his clothes. The cutaneous circulation was impeded, and he was enfeebled and exhausted."

An account of certain alleged appearances, found on the post mortem examination of this case, as given by a certain Dr. Frothingham, is given by the committee, but being an ex-parte statement of an unknown physician is of no weight whatever as evidence when it is remembered that it was easy to have invited some members of the committee to have been present. Common courtesy should have led to the invitation of Dr. Green to witness the examination of this case, which was to be trumpeted as a fatal result from the use of a remedy of his suggestion, but nothing was said to him till this minutely detailed account of the post mortem appearances was given to the public in the report of the committee.

This case, to our mind, instead of proving that the injection is so very dangerous, proves that the rule of the committee by which they professed to decide when the tube entered the trachea is a very false and fallacious rule. In deciding on cases they say:—

"There was *nothing to guide us but the symptoms manifested. These were cough, livid redness of the face, strangulations, husky voice, croupy whisper, and breathing through the tube in a full current.*"

Dr. Barker, one of the committee, refused to sign the report of the committee, and stated "that he was astounded at its statements and principles," and at an adjourned meeting presented a minority report which is attacked by the opponents of Dr. Green as a very unprofessional document, &c.

The chairman of the committee, in anticipation of Dr. Barker's minority report, said he fully appreciated the difficulties of Prof. Barker's position, to which Dr. Barker afterwards made the following manly reply:

"*Mr. President*:—At the last meeting of the Academy, the chairman of the committee, while vouching for the honesty of the committee, and of myself, individually, added, that he "appreciated my position," the implication being that I had opposed the Report of the majority, because I was a friend and colleague of Dr. Green. I then had no opportunity to reply, and under ordinary circumstances, the remark would not be deemed worthy of notice. I certainly am the friend and colleague of Dr. Green, and I trust the time will never come, when I shall fail to defend a friend, or fear to meet an enemy, if the occasion demands it. But this is not one of those occasions; and in this discussion, I have spoken as the impersonal representative of certain scientific opinions. I have not forgotten that this is a scientific body, a collection of gentlemen who can and will weigh facts and arguments, who will not allow their judgments to be influenced by my feelings, or their feelings, if they have any of a personal kind. Honestly believing as I do, that the Report was wrong, and that future investigators will prove it to be so, I should have been untrue to my own reputation, and to the Academy, and unfaithful to science, if I had given even a passive assent to it. I will not stop to enquire why it was necessary for the gentleman to appeal from the scientific argument to personal position. A retort is always easy, but a retort is no argument. I shall hold myself above all personal feeling, and personal retaliation. I trust there may be here professional discussion, and even warm discussion, without the interruption of personal relations. But if adherence to scientific opinions, involves the rupture of personal relation, then I am ready for that issue."

We cannot do better than to append the following from the pen of our old fiiend, Prof. E. H. Parker, of the Monthly, who although a colleague of Prof. Green, is above catering to or for any base purpose, and who has no "difficulties of position" to embarrass his free speech:

"*The Committe of the New York Academy of Medicine and their Reports.*

After a six months incubation, this committee has made its report, or, more correctly speaking, its reports. They make a series of documents so singular, so striking, and of so much interest to the profession at large, that we shall make no apology for laying them before our readers. They are, however, so long, that to give them in full, we have been compelled to add an extra form of sixteen pages to this number; desirous as we were, of placing them before the profession together, and without the interruption of a month between the periods of issue. This, with the late day of the second meeting, will account for the slight delay of this number of the MONTHLY.

The accuracy of such an account of the proceedings, is a matter of great consequence. In order to avoid all error, we have in every instance but one, copied from the *original documents* themselves. That exception is Dr. Anderson's note, which he himself furnished to us, from memory, however, and it may not be the same, word for word, as that given to the committee. Its sentiments and ideas, in this instance all that is of importance, are undoubtedly the same.

We have been particular to state these facts, because a suspicion might be felt that these documents were garbled, or that by the turn of a sentence, the writer had been made to express other than his own ideas. We can conceive that many members of the profession will think it incredible that no change has been made in one or two of the reports. So careful have we been, however, that some errors of punctuation have been allowed to remain, and faulty grammatical constructions have also been untouched. An Editor's usual privilege to correct, has not been used by us, for fear we should misrepresent. The only difference, then, that can possibly exist, between those documents as we print them, and as they will come from the 'Transactions' of the Academy,—for they print the reports,—must be in these unimportant matters, unless, indeed, alterations should be permitted, which, of course, ought not to be, and probably will not. This preface seems to be necessary, that our readers may see that they may place full confidence in our account of all the papers written out by the different gentlemen before they were brought to the Academy. To enumerate them, they are, in succession,—'the minutes' of the committee, the majority report, Dr. Barker's remarks the first evening, Dr. Anderson's note, Dr. Stevens' report, and the minority report. The account of the debate has been given with the greatest accuracy possible without the aid of a stenographer, and is believed to be full and correct.

In speaking of these proceedings, we are somewhat at a loss to know where to begin. There is so much to be said, there are so many things suggested, and withal our space is so limited, that we labor under the *embarras de richesse*.

But let us first be historical. This committee (and their reports will bear out our assertions) was appointed at the meeting of the Academy held last December. It was on motion of Dr. Willard Parker* that the investigation was decided upon, and he was made the chairman of the committee, by the president, who also appointed its other members. The report was made in June, a period of six months having intervened between the appointment and the report, and such a time as ought at least to have been taken. Few weeks were allowed to elapse (the committee were appointed Dec. 6th, and their minutes show that their first meeting was on Jan. 8th,) before they came together. At this meeting Dr. Barker notified them that Dr. Green would be glad to have the committee meet at his office at any time, after two days' notice, and examine his practice and patients. They accordingly met there Jan. 13th, and again Feb. 1st, and on both those occasions Dr. Green, as we *know*, gave the fullest opportunity to each individual of the committee to examine his patients and to witness his experiments. Three other meetings were held at Bellevue Hospital, the last only one day before the committee reported, 'to witness some experiments by Dr. Taylor.' Dr. Green was not present at this. At the other two, one Jan. 20th, and the other Jan. 27th, he was present, certainly a portion of the time, perhaps the whole. From Dr. Parker's remarks we learn that Drs. Parker and Stone, with Dr. Taylor, whose name frequently figures in the minutes, and in the majority report, had, before the first meeting of the committee, assembled, and decided upon what they would consider as signs of the presence of an instrument in the trachea. To their Procrustean bed all facts were to come, or else to be considered 'unsatisfactory.' The minutes also show, (and here let us heartily thank the majority for having them read,) that an invitation was extended to the committee to visit Dr. Green's office, separately or together, whenever they chose, and to observe his pactice and its results—an invitation of which, strange to say, not one of the committee but Dr. Barker availed himself.

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* It has been stated to us that the committee was moved by Dr. Sayre, but if so, the writer's memory is in error, and we can hardly believe that the then President, Dr. Joseph M. Smith, though a particular friend of Dr. Parker, would have violated so well known a parliamentary rule, as to make any one but the mover chairman of the committee.

The additional, though more significant fact in the history of the matter, may be mentioned, that at the first meeting of the committee to consider their report, held the 23d day of March, neither Dr, Anderson, Dr. Stevens, nor Dr. Barker, was present, the two last being absent from the city, (would it not have been courteous to have adjourned to another evening?) and though the character of the report was then decided upon by the remaining *four*, no intimation of its character, or of its having been decided upon, was made to Dr. Barker till two evenings before the Academy meeting, though during this interval he frequently met the other members, and for a time was met by the chairman daily, in consultation. Could this profound silence have been *entirely* accidental? So far, the history of the meetings.

The inquiry next occurs, to what extent did the committee exert themselves to investigate the matter? Did they leave any one stone in its place under which might lurk a particle of truth? Did they give evidence of an earnest desire to ascertain the truth, and to state it without regard to its effect on themselves or others?

In reply, we only state the following facts, confirmed in part by the majority reports and the minutes, and the test can be confirmed by the truthful testimony of the committee themselves. Six meetings of the committee were held for experiments and observation. At these meetings, according to their own statements, they three times, at least, saw injections thrown into the trachea; twice by Dr. Green at his office, and once by themselves at Bellevue Hospital. The latter, the majority *say*, died, and they give a letter from Dr. Frothingham, who, we presume, is one of the young gentlemen who are assistants at that institution, in which he gives certain post-mortem appearances, alleged to be found in the lung of the said dead man. Now are the majority willing to assert that Dr. Frothingham is one of the best pathologists or microscopists in the city? Undoubtedly he is a most estimable young gentleman, but is he qualified to act as an expert at all in those investigations; and could not a better have *possibly* been found? We hazard nothing in saying that in those capacities he is entirely unknown to the profession of the city.

Still further, the committee should have been called to witness the autopsy; but so far as appears from the record or report, or so far as we can learn, not one of them was present. Certainly Dr. Barker was not, and was not notified of it. As certainly it would have been an act of *courtesy*, to say the least, to Dr. Green, to have invited him to witness the examination, and still no such courtesy was extended to him. On what authority, then, do the majority base their conclusion concerning this case? On such evidence, so far as appears (and we are authorized in supposing they have no other authority,) as every scientific man must at once see is entirely insufficient, and this after the committee had decided to be guided only by what they saw with their own eyes. Dr. Barker has therefore adopted the only correct course, in ignoring this case entirely, in the minority report.

But supposing, for the present, that the majority had ground for knowing that this man had died soon after the committee had injected his trachea. They had seen two other persons injected in a somewhat similar manner, what was their duty in respect to them? Clearly to hasten at once to Dr. Green and ascertain whether or not a similar result had followed. But did they do this? *Never!* with the single exception of Dr. Barker. They knew, or had reason to suppose that Dr. Green was daily repeating the same thing, and yet they not only did not send him a word of caution concerning the fatal case, but they most religiously, shall we say, kept it from him, so that, till the majority report was read, he and his friends knew nothing of it more than rumor stated, though it occurred months before. We hasten to quiet any sudden anxiety of the committee, by informing them that as yet no injurious, much less fatal result, has followed his repeated injections. We also inform the majority that those two patients are now much better, one believing himself entirely restored to health.

But again. There is much point in the enquiry made by Dr. Gardner, at the first meeting of the Academy, whether or not the alvine evacuations had been examined to see if they contained any salt of silver, a point which the chairman of the committee said was not at all noticed. Now it was evident that Dr. Green was throwing decided quantities of nitrate of silver either into the air passages or the œsophagus. The majority professed to believe that it was the latter, and still took no steps, made not the slightest effort to ascertain whether or not there was this confirmation of their opinion. They either had time enough to do it, or had not. If enough, they are culpable for omitting it; if they had not enough, they should have taken more, for they were under no limit in this respect.

There is another dilemma in which the majority have placed themselves. They assert that there are 92 per cent. of failures in efforts to introduce the tube into the trachea. Though we believe them to be in error, in fact, know they are—we adopt their statement for the moment. Now it can be shown 'as clearly as the noonday sun,' to use a favorite expression of the chairman, that most, if not all the patients injected by Dr. Green, are better, if not well; except in those cases, in which the remedy was used only as a pallative, which purpose it answered. Are the committee prepared to sustain the position that injections of nitrate of silver into the œsopagus have this remedial power? It is not other auxiliary treatment, for that is such only as has before failed when used alone. The stubborn facts are in the way, that the patients are much better; the majority deny that the injection goes into the trachea even. The deduction is for them inevitable, that injections of nitrate of silver into the œsophagus are very beneficial in pulmonary disease. May they enjoy their position on that horn.

But our limits absolutely forbid farther remarks, and much that we desired to say, must be postponed at least another month. We ask for the documents a careful perusal. Let the minutes be carefully scanned, and all the reports as carefully. Let it be observed how the committee's decision of 'unsatisfactory on account of the abscence of *appropriate* symptoms' is made to disparage otherwise successful experiments. Let the whole spirit of the minutes, and of the majority report, be studied without prejudice, and without partiality, and we have no fear of the result. All that Dr. Green, or that his friends ask, is an investigation of the *truth*. It is on his side, and he courts inquiry. But it is candid, impartial, unprejudiced enquiry that he seeks. Not efforts to support a preconceived opinion, or to gratify an old hostility. Scientific men, not partisans, he asks to be his judges.

In conclusion, we only add that we have carefully avoided all personality, and, if possible, shall continue to do so. That the same course may be followed by the members of the Academy, in the discussion which is to take place on the third Wednesday of July, we sincerely hope."

SURGICAL REPORTS AND MISCELLANEOUS PAPERS ON MEDICAL SUBJECTS. By GEO. HAYWARD, M. D., &c. *Published by Phillips, Sampson & Co., Boston, pp.* 452.

This is a gem of a book and a fit mate to Bigelow's miscellaneous writings, published last year. It contains twenty-two articles, reports, &c., on professional topics well understood by the writer.

Human life is much too short to allow any one man to become master of all the knowledge which pertains to our profession, and it is to our mind much more commendable for any man, however eminent, to publish his experience and opinions on those subjects only in which he is a proficient, than to cumber the literature of the profession with lumbering essays on those of which he knows less, for the sake of getting up a big book. Truth and life "stick out" on every page of this book, which we recommend as fit to be read by old and young, whether of large or small experience. And we will venture to say no one can read this unpretending little book without gaining new ideas and being better prepared for the practice of his profession.

We are again disappointed in not being able to give the proceedings of the State Medical Society, at its annual meeting, which was held at this city, on the 5th and 6th of June. We have waited for materials necessary to a full report, which we hope to give in our next.

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THE

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(For the N. H. Journal of Medicine.)

SCARLATINA.

BY S. WEBBER, M. D.

Continued.

Purgatives perform the same office for the bowels that an emetic does for the stomach, in removing from the system the remains of food and various excretions, also any depraved secretions from the living membrane, and from organs connected, by office, with the alimentary canal; by clearing these off from time to time, they prevent their increasing the embarrassment of the system, and, as was stated under the head of Scarlatina simplex, tend to lesson the morbid heat of the skin, and to assist in the elimination of the poison from the body. Severe purgation is undoutedly a depressing remedy; gentle purgation, but lightly so, or even relieving; and one from which, with a more healthy action, the system quickly recruits with the aid of nourishment, and the advantages to be derived from it in the modes before stated seem amply to warrent having recourse to it. It is moreover the case often, that in the latter part of the disease, and sometimes earlier, a severe diarrhœa comes on, provoked apparently by the irritated state of the mucous coat, and the depraved state of its secretions. This is more especially the case when the bowels have been neglected in the earlier part of the disease, and their contents have been allowed unduly to accumulate. A gentle and regular removal of these, from the first, is one of the surest methods of preventing this Diarrhœa, which, when it does occur with severity, is much more exhausting than any moderate purgation preceding it, and such as would, in a great measure, prevent its occurence.

Of this class of medicines those that seem most beneficial of the kinds most commonly used, are, in the beginning, calomel in a moderate dose, either combined with Rhubarb, or followed by a gentle portion of one of the neutral salts, or castor oil, then gentle doses of one of these, subsequently a mixture of equal parts of powder of Rhubarb and the compound powder of Jalap; in the later period, when most tendency to diarrhœa exists, powder of Rhubarb and carbonate of Soda is one of the best, though even at this time, and in bad cases, when from the state of the fauces and their secretions, it seemed that those of the mucous surface generally must be profuse and of a bad character, two or three free motions from the operation of Calomel and Rhubarb have apparently been productive of much good. The amelioration followed so closely upon this operation, that it might fairly be attributed to it, and there was certainly no reason to suppose the effects of the dose to be of an injurious character. There was certainly reinvigoration instead of increase of depression, which before was great and rapidly augmenting.

Furthermore, it is sometimes the case in disease, that evacuations are nesessary for purifying particular organs of the system, even when the depression, or the real debility, would seem to render their use hazardous. In such cases they may still be given with advantage, by taking care to support the system under their operation, by the use of cordial stimulants. In the later stages of severe scarlatina, this method can be used, though it would seldom be necessary, if proper evacuations were used in the earlier periods of the disease. As to the objection made by Dr. Cleaveland on account of the irritating effects of these, and some other remedies yet to be considered, it may briefly be observed, that there is a difference between one form of irritation and another. That some irritations seem in some degree incompatible, and one will destroy another, being in fact literally, in the strict sense of the word, a *counter-irritant*, while soothing remedies are anti-irritants. Physicians employ many counter-irritants in many diseases with excellent effect. As an illustration, the mucous membrane of the eye is irritated, it is turgid, blood shot, hot and painful. A counter-irritant lotion of Sulphate of Zinc properly applied, will very often readily relieve this. In more severe cases when actual and severe inflammation attacks the same organ, still more powerful counter-irritants, as sulphate of copper and nitrate of silver, are among the best remedial applications. In some of the forms or stages, citrine ointment or Sydenham's Laudanum will effect a cure, yet the immediate effect of these too, is highly irritating. The anti-emetic effect of Ipecac has already been mentioned, and a good round dose of Rhubarb will greatly relieve many cases of Diarrhœa and Dysentery, where there can be little doubt of irritation in the mucous membrane of the bowels. In Dr. Beaumont's account of his patient, who had an opening into the stomach, which enabled its condition and action to be seen, and gave him the power of making direct applications to it, he mentions, that, on one occasion after excess or error in diet, the mucous lining of this organ appeared to be in a state of high irritation. By way of a medicine he sprinkled the irritated surface with calomel, and after a little space, the appearances denoting irritation subsided, and the uncomfortable feelings of the patient were relieved. The severe pain and soreness occasioned by the bite or sting of a centipede, in the East Indies is known to be promptly allayed by the application of Ipecac, and Tincture of Iodine applied by a brush or feather is of proved effect in relieving the soreness of Tonsillitis and of Erysipelas. Various other instances might be mentioned, but these seem sufficient to illustrate the principle, which seems to be, in part at least, to substitue an artificial disease, of which we have the control, instead of a natural one, which may pursue a dangerous or destructive course of its own; in part it may be, that these counter-irritants destroy the cause or immediate condition of the natural irritation. From these considerations, the objection to the use of emetics and purgatives as irritants, on the ground that the mucous membrane of the organs on which they are to act, is already in a state of irritation, may be deemed futile. It is only requisite to employ due care in the selection of these agents, to the end that the counter-irritation may not be in excess, and may be adopted to the state of irritation which it is to counter-act. The known properties of medicines, and the recorded observations of their effects in similar cases, will be the guides for the selection and administration of them.

The severity of the inflammation of the throat in this form of Scarlatina, and the distressing results to which it often leads, has thought to require special medication. For this purpose various kinds of gargles have been used internally, and stimulent applied as revulsives externally, of various strength from volatile liniment to blisters. Dr. Chareland in speaking of these, evidently, though not actually condemns them for the same reason in part that he condemns emetics and cathartics, that they are irritants, and applied to surfaces already laboring under irritation. The considerations already offered on the subject of irritation, in treating of the use of emetics and cathartics will apply also to the use of stimulant gargles. They act as *counter-irritants*, destroying or lessening the irritation of the disease; they excite a free action and secretion from the muciferous and salivary follicles and gland, and thereby lessen the congestion, and help the elimination of the poison, and some of them tend to prevent the putridity to which the sores left by the falling of the crusts of the eruption have a tendency. Nor is the use of them quite so "*horrid and objectionable*" on the score of suffering, as Dr. C., seems to believe. It was the writers hap to have this disease after he had been in practice a number of years, and made use for himself of a strong gargle of Capsicum, vinegar and salt, and he can truly aver, that the application was a refreshing one to his throat; true there was a sharp pungent smarting during the immediate use of the medicine, but after the application was over, and the mouth had been rinsed of the ropy saliva discharged, the feeling of the throat was more comfortable than before, and deglutition was more easy for a time. In fact the use of the gargle was less painful to the throat, than the parched smarting state of the fauces, with the thick adhesive mucus that coated them, — continually inciting to swallow, yet rendering the act difficult and excessivly painful. He freely used the gargle from a sense of the relief it afforded and he has often heard patients express their sense of a similar result. But all the gargles are by no means so purgent as this one, though this is in very general use, and is popular. A gargle made by putting a tea-spoonful of a solution of Chloride of Soda, or of Lime, to a small cupful of sage or balm tea well sweetened, is far from ungrateful, and is very efficacious in releiving the soreness of the throat, and bringing on a healing action of the mucous membrane. A sweetened solution of Tannic Acid, or of Catechu, or of Borate of Soda, is by no means harsh in its operation, and is of much value as a gargle. So are many of the acid and astringent vegetable decoctions frequently employed. They all act upon the same general principles above stated, and it is frequently a matter of convenience or mere taste or notion, which to use. There is one remedy of this kind however, not usually recommended, which the writer has employed occasionally, of late, in the complaint, which, in the few trials he has thus far made of it, has seemed to produce more speedy good effect than any other, and this is Aqua Ammoniæ. A few drops of this, in a little sugared water, so as to make a gargle of moderate pungency, has, in some instances, lessened the soreness of the throat very rapidly, sometimes carrying it off in 24 hours. How far a more extensive use of it in a greater variety of cases will confirm this apparent utility, time will probably show if it shall be used. Ammonia as an internal medicine in doses of a few drops, 3 or 4 times a day, has been highly commended in Scarlatina for some years. In the form of the acetate, the old *Spiritus Minderrei*, it is a medicine of ancient repute as a febrifuge in several forms of fever, and a medical friend, who when a stu, dent, resident in a Hospital, was severely attacked with Scarlatina, told the writer, that he never experienced any thing more grateful than the relief to the heat and restlessness, with which he was tormented, following an occasional tea-spoonful dose of this old fashioned preparation. The Tincture or Solution of the carbonate is the form in which it has been generally prescribed for internal use in Scarlet Fever. Not having this, with him, the writer on one occasion tried the common Aqua Ammoniæ in a proportionate dose, and found it in all points to answer equally well, but was struck with the unusually rapid amendment of the soreness of the throat following directly upon its administration, and hence was led to employ it as a topical application.

Ammonia has been found a very valuable and reliable remedy in the bites of snakes and poisonous reptiles, either because the cordial stimulation produced by it overcomes the depressing effect of the poison upon the system, and rouses its energies to overcome and throw it off, or, as some have imagined, because the poison is of an acid nature, and this volatile and penetrating alkali, passing rapidly into the system, meets and neutralizes it. The facts seem credibly stated, the solution is questionable, but in whatever way it acts upon these animal poisons, it may act upon the poison occasioning and engendered by Scarlatina.

A solution of kreosote is also a remedy that may be used with much advantage as a gargle, particularly in the advanced stage of ulceration and sloughing, and possibly also externally to the skin generally. It does not seem to have occurred to Dr. Cleaveland in his sneer at the recommendation of anointing with *fat bacon*, that this contains a notable portion of kreosote, and may therefore have some other effect than in merely protecting the skin from contact with the atmosphere, a contact which need not be dreaded while the article remains, and is not painful, at least, when that desquamates. A liniment of olive or almond oil with kreosate, or a sponging with a watery solution would however probably be quite as efficiacious as fat bacon, and, simply as a matter of taste, more agreable; yet kreosote to a person of delicate olfactories is by no means a pleasant application in any way.

When, as is sometimes the case, after the crusts of the internal throat have cleared off and the mucous membrane looks healthy, but a troublesome enlargement of the tonsils, and general fulness of the parts remain, brushing with the Tincture of Iodine, or sponging with a solution of Nitrate of Silver, will produce a marked diminution of these swellings. The applications are painful, it is true, for a few minutes, but the subsequent relief is considerable and permanent.

But besides gargles of this kind, there are others simply cooling and mucilaginous, subacid, and saccharine, which give much comfort to the patient, and by relieving the sense of suffering, lessen the irritation of the nerves, and so contribute fairly to the cure. A small piece of ice, suffered to dissolve in the mouth from time to time, is no inconsiderable adjuvant to other prescriptions.

Of Blisters and stimulating applications externally, Dr. Cleaveland says "no one can *reason* himself into the belief that his own throat could resist the invasion of disease any better for being blistered and parboiled." Perhaps not, but he may come to the belief by *experiment*, if not by reason. The writer can say fairly, "probatum est," as he has on divers occasions applied blisters, and on others tartar emetic ointment to his own throat, with a consciousness of deriving great benefit therefrom, in the mitigation of suffering. The pain of the blister, and its consequent soreness were so much less than that of the disease on the inside, and the latter was so decidedly overcome by the former, that he feels fully warranted in recommending to others the same remedies, when occasion seems to call for them, in inflammatory attacks of this region.

In the milder cases, mere rubefacients will be sufficient, and the volatile liniment is preferable to others, though any will be serviceable. But if the soreness is very great, and any disposition to considerable fullness and tenderness of the glands beneath the angle of the jaw, or back of or under the mastoid process, is observed, a good blister should be promptly applied. If so done, by the revulsive action to the skin and the discharge from the blistered surface, both the throat is relieved as to soreness internally, and the swelling is checked, and suppuration most commonly prevented.

Dr. Cleveland mentions as an objection to blisters, "the stoppage of the renal secretion consequent upon the absorption of cantharides." It is very seldom that any urinary trouble follows a blister, and most commonly, only when a large one has been applied, or when one has been repeated several times. When it does occur, it is commonly an irritation of the neck of the bladder, producing painful and difficult urination, or strangury; a difficulty in voiding the secretion, and not a stoppage of its formation. In point of fact, cantharadin in small doses is a diuretic of considerable efficacy, and has been found from this very quality serviceable in dropsy accompanied by a week and debilitated state of the system, which is generally the case in the dropsy sometimes consequent on scarlatina. It would seem therefore that the "tendency to dropsical effusion" would rather be lessened by the absorption of a little cantharidin, instead of being "greatly increased" by it, as Dr. Cleaveland states.

As to the less degree of revulsive irritation by means of rubefacients, it is unnecessary to speak, if the advantage of blisters in severe cases is established; the same arguments will apply more strongly as to their safety and admissibility, and the objections more weakly.

Of opium, Dr. C. says, "It can be of use only as it quiets the action of the system, and thus allows the patient to *rest*, while at the same time it tends to close up the outlets by which the morbid matter must be removed from the system, if it be removed." Well! Is not obtaining rest—a respite from suffering—a fit consideration in the care of a patient? Will it not lend to a *cure*, by allowing the over excited system to repose, and to recruit its energies by so doing. If it would only do this with certainty, it would be invaluable. Its tendency to close the outlets of the body may be easily remedied or obviated, and will be so, if due use is made of the other means, which have been recommended. But opium does not tend to close all these outlets. It rather in most cases, relaxes the skin and promotes sweat, and this action may be powerfully promoted by giving it in combination, as in the form of the common Dover's powder, or with cream of tartar and ipecac, instead of the sulphate of potass, or with five or six times as much carbonate of soda, or in a mixture of Dover's powder with an equal bulk of powder of colchicum root, in which case its tendency to produce constipation will generally be obviated, and the urinary secretion be made freer, and micturition more easy. In gentle but sufficient doses, properly modified and adjusted to the state of the case, and to the other forms of treatment, it is of very great service.

The general regimen and treatment of this form of the complaint should be like that described under the head of Scarlatina Simplex, cool beds and bedding (after the chills of the first attack) cool drinks, cool or tepid sponging, good ventilation and light diet. If thus managed, there is generally less liability to the unpleasant consequences that sometimes follow in the train of the eruption after its departure, and they are more manageable.

In the Scarlatina maligna, the same medical course and the same general management is to be pursued; but from the great violence and more rapid progress of the disease, the efforts to relieve it should be made with great promptitude, and as the depressing effect of the action of the poison on the system and its tendency to disorganization are greater, especial care should be taken to watch for the earliest symptoms denoting prostration, so as to meet them, and support the sinking powers with appropriate cordials and stimulants, even, if necessary, while pursuing the appropriate means for eliminating and removing the morbid secretions from the body.

Cynanche Maligna seems to be the same as Scarlatina Maligna, save in one important particular, the absence of the searlet rash. This to be sure seems at first much like the "play of Hamlet, with the part of the Prince of Denmark left out." But the vigor of the performance is not lessened by this omission. It seems, on the contrary, as if the activity of the poison, supposing it to be of the same kind, were concentrated on the throat and internal surfaces, and from this concentration were more dangerous and unmanageable. It is not unfrequently mixed in with cases of genuine Scarlatina Maligna, but sometimes appeared pretty much, if not quite, exclusively. It would even seem as if it possessed degrees of violence somewhat similar to those assigned to Scarlatina, for almost every person, much acquainted by observation with the latter disease, can scarcely have failed to notice, that there will be, in the midst of it, as well as antecedent to it and after it, many cases of the preliminary symptoms, succeded by a sore throat of more or less severity, with the peculiar appearance and action of the sore throat of Scarlatina Anginosa, but without any eruption on the skin. This is more commonly the case with adults, who are generally considered less apt to have Scarlatina, as if their skins by maturity of years, became less obnoxious to the action of the poison. Peculiar circumstances of atmospheric influences, of which there seem to be many not cognizable by our senses or researches, may at one time or another, render the skin of others, wholly or in groups according to variety of temperament or exposure, less liable also, and thus these forms of cynanche may be produced. But whether they arise from a perverted action of the same poison, or are the result of a poison in most respects the same, but differing in the action on the skin, they require the same treatment, variety for variety.

The great particulars of treating this disease, as practiced by skilful physicians and objected to by Dr. Cleveland, have thus been examined, and his objections fairly met with the admission of whatever seemed good, either in his theory or practise. How far the vindication of such established practise is obtained, professional readers will judge for themselves. The writer may perhaps be allowed to say, without the imputation of boasting, that having practised upon these views for the third part of a century, he has seen no reason to be discouraged from continuing to do so, by any want of reasonable success. Two of the most rapidly fatal cases he has seen, had but little medicine, as through the obstinacy and intractability of the patients, it could not be administered, or would not be taken. Indeed in too many instances, it is a dangerous and often fatal disease under the most careful treatment, but that its mortality will be lessened by abstaining from active remedies is yet to be shown, and will require stranger reasoning, than that employed by Dr. Cleaveland, to show. May his shadow increase!

FOREIGN CORRESPONDENCE OF THE JOURNAL.

Berlin, August 1, 1855.

Messrs. Editors:—If there is any one thing of which the medical centres of Europe can boast preeminently, it is the means afforded for acquiring a knowledge of the sciences, which though not necessarily embraced in a medical course, ought at least to receive some attention from the student of our profession. There is no point in which our physicians are so remiss as this. It is rare that you find a medical man of any claims in Germany, and indeed in Europe, who is not able to become the arbiter upon any ordinary scientific question which may arise in the course of his practice, and his intimate acquaintance with Latin, French and very often English, enables him to command the whole medical literature of the continent, and to learn of every new scientific discovery at the earliest day. You will find him also able to analyze the water of a well, or a farmers soil, to give evidence at an inquest upon toxicological points, to test the purity of drugs, and to take advantage of the medical botany of his country. I am sure that such qualifications are seldom found in America, and that the medical profession does not stand so high in public estimation in consequence. Were they professed by all, quackery would no more flourish there than here, and this country is certainly free enough from it. Here the profession is esteemed by all; the government is peculiarly favorable to it because it never meddles with politics, and the people are satisfied to leave their health to the care of men so learned in their profession and so assiduous in their studies.

When the term of student life with us is lengthened and the requirements for graduating doubled, our physicians will, as a mass, hold the same place in the community, and the necessity of studying in Europe be not so great as now. With the exception of the chair of comparative anatomy at Charleston, S. C. the Hersey Professorship at Cambridge, the Chandler, Lawrence and a few other scientific schools, I know of but few means, open to an American physician desiring to embellish his mind by a study of the collateral sciences.

I did not mean to preface this letter at such length, but the readers of the Journal will, I know, excuse an allusion to this important subject.

Among the collateral means of study here, the anatomical museum is first. It is in the university building, originally a palace. Though without a descriptive catalogue, its excellent arrangement makes up for this deficiency in great part. It is not so rich as the English Hunterian museum, yet one of the first in Europe. The specimens illustrating comparative Anatomy are very numerous, and the gigantic monsters of preadmite earth which fill one hall are among the most perfect yet discovered. A laboratory is attached to this department and the lectures of Professors Remak, Peters, Ehrenberg and Müller and others, give the student a comprehensive view of the whole. The subject of human anatomy is also excellently represented; many of the injections being unusually fine. Some of the pathological specimens also are very valuable, those of hypertrophy and dropsies especially. I am almost tempted to mention a few of the best, but they must be seen to gain an idea of them. There is one skull which I remember as an example, more than a foot in diameter. It is that of a person who died of hydrocephalus. The surgical gallery is small but capitally arranged. There are divisions for disease of the bones and of joints, for fractures, luxations, clubbed-foot and hand, hernia, diseases of the sensitive organs, and cutaneous affections. The gem of this department is the collection of colored casts of syphilis. Every phase of this Protean disease is represented accurately. But what strikes the visitor to this collection particularly, is the vast number of monstrosities and lusus naturæ here collected. Here are double headed foetusses, breasts joined like the Siamese twins, skeletons seven feet high, dwarfs, animals with three or four surplus legs, some with limbs growing upward from the spinal column, birds with two heads and others having hoofs, others being a combination of bird and animal in the oddest proportions. It is a envious assemblage, though not without value, especially to the study of theoretical embriology. If any of your readers have seen Tenier's painting called the Temptation of St. Antony or a copy and have never visited this part of the Berlin Anatomical Museum, they can imagine the droll and whimsical specimens here contained.

The Natural History Museum is no less interesting. It comprises the Zoological collections at the University and in the Thier Garden, the Royal Menagerie, the collection of minerals with the rich stones collected by Alexander Von Humboldt in Asia and South America, and the Botanical Garden. This last, with its thousands of exoties from all points of the earth, and its trees growing too the height of forty or fifty feet so far away from their natural soil, is rich indeed. Since the return of Mr. Lichtenstein, who was sent by the Prussian government, at the early part of this century, to reside in Southern Africa, and who brought back with him a vast collection of specimens pertaining to mineralogy, botany and zoology, the Berlin cabinets have had no superior in Europe except the Jardindes Plantes at Paris.

The Medical department of the Royal and University Libraries here, are of great importance to the student. English books, however, are scarce, compared with those of other nations and the progress of the science is not shown in procuring the standards as they are published. The reading room has all of the European, and many American Medical publications, but is surrounded with so many restrictions as to be difficult of access. Private Medical reading room, however, give the student ample facilities in this respect. Those of your readers who may have heard the lectures of the late Professor of Obstetrics in the Boston school, since his European tour, will remember his allusion to the curious relics of our profession in the Cabinets here. I have found a few in the collection of metallic wares from the buried cities of Italy. Here are probes, directors with scoops, spatulas, lancets, scalpels, a packed medicine case with little brass boxes instead of bottles, and a forceps like the English polypus forceps, but whose object can hardly be guessed. The sharp teeth upon the blades show the instrument to have had a very powerful grasp, whatever its use. In the Egyption Museum also, there is a medicine chest filled with alabaster vials, supposed to have belonged to a monarch. Besides this, the Embalmed specimens of men and of sacred animals, a human monster without brains or spine embalmed, the brass hooks and knives of sharpened flint, by which the brains of the dead were extracted through the nostrils, are all curious to the student of our profession.

The facilities for dissection in Berlin are good. In the winter season the students pay particular attention to that study. Subjects though by no means so cheap as in Prague and some other places, can usually be obtained for about three dollars a piece. The government of Prussia is neither very favorable nor unfavorable to this study, and the chief obstacle which the student encounters, is the existence of benevolent societies whose funds are appropriated to procure a burial for friendless persons who die in the hospitals.

I find one feature in the relations of our profession and the government here, which is very superior. The inquests are all under the charge of medical men, and not in the hands coroners, ignorant, as ours often are, and perfectly incapable of conducting an autopsy, or determining correctly the causes of death.

Besides the medical department of the Royal University, there is the military surgical school here, similar to the Imperial school in Vieana, the Military College of Dublin, and those in France. The young men who propose to join the medical staff of the army, and who pledge themselves to act as military surgeons for at least seven years are here educated free, and have their ordinary expenses paid by government. As a class, these men are by no means brilliant students, and the effect of this gratuitous instruction is much the same as in providing scolarships in literary institutions. In all the hospitals, however, through the country, the posts of house physicians and assistants are occupied by members of the military staff, who are detailed round to these places in turn. Thus the whole body is kept practically acquainted with surgical diseases, and ready to change their places for active service in the army, whenever an emergency demands.

It is singular that the cost of medicines, medical books, and instruments in this country is not two thirds so much as with us, and the fees for Medical attendance and surgery bear the same relation to ours. A medical man rarely becomes rich here; unless he receives the patronage of noble families, or accomplishes some signal cures, a thousand dollars a year is a handsome income. The fee for ordinary professional visits is never more than fifty cents, even in the cities, except for the first visit which is seventy five, and for a night call which is double the usual price. The fee for consultation never exceeds two dollars, that for an ordinary midwifery case is from one and a half to four dollars, and never above seven.

The fees for surgical operations are as moderate. For cataract *never* above twelve dollars, extirpation of the eye the same, tracheotomy nine dollars, lithotomy thirty five, amputation of thigh or humerus twelve, the reduction of dislocations four, the cæsarean section fifteen, for embryotomy seven and for excision of the mamma twelve. These are the *highest* prices allowed; they are ordinarily about two-thirds, or one half as much. The fees are all established by law, as indeed is every thing connected with the profession. The term of study is fixed, and the qualifications for graduating. After graduating, a legal approval is necessary before one can practice, and this involves an examination; as often as he changes his location, the hygiene of the country is attended to and enactments made upon this subject; the studies and practice of apothecaries are regulated and under legal inspection. In fine, every thing which with us falls to the duty of local societies to establish and local authorities to recommend is here regulated by general laws which are the same in city or country, all over the kingdom. Our legal profession is certainly not more under law, and yet the medical man is much better off for these restrictions. All his claims are limited to his own abilities as a well read physician. He has no fear of brethren going astray and practising irregular systems, and he can always retain the confidence of the community which knows that it is free from quacks or imposters. Among rich families, in the towns and cities, it is a very common thing to have the family physician call a moment twice a week to inquire after their health and to anticipate any disease. At the end of the year, they receive presents for this service, besides the regular fees for professional visits. It is an excellent custom, and serves to bind stronger and stronger the mutual friendship and confidence of physician and patient. In Prussia there is a minister of Religion, Education and Medical affairs. The central medical Bureau has a Director and five Judges. These are among the most eminent of our profession in the country. There is also the Deputation from the medical body having a Director and ten members. Besides this, each Province has its local court with its Judges, its Pharmaceutical Assessor, its Veterinary Assessor and other attaches. It is, in all, a splendid system and worthy of being followed in every country.

I have found one custom of the middle ages, still existing here, which I had not expected. The barbers are yet to a certain degree barber surgeons. They are still called in to bleed a patient, to apply a leach or put on a cupping glass. I do not know but that they perform these offices well enough, but the mere idea of a physician leaving his patient to be bled a certain amount and taking no means to watch the effect of this abstraction, is ridiculous. The custom of connecting the surgical and shaving profession is not alone confined to Prussia. So late as the early part of this century, I forget the year, several English surgeons who had enlisted in the Swedish navy were dismissed from the service for refusing to *shave the crews*. You see nothing however of the striped pole here to indicate the white bandage and bloody wound as in England and with us. The symbol here is simply an oval plate of brass, a prinitive shaving dish I imagine from its looks.

I find that I shall hardly have room in this letter to speak of the Diseases of the climate and a few other topics. I must leave these to another time. I trust that the remarks which I have made in regard to the condition of our profession here in Germany and the advantages for studying the collateral sciences, will have a value and interest to the readers of the Journal.

N. E. GAGE.

(For the N. H. Journal of Medicine.)

MEDICAL JOURNALS.

Messrs. Editors :—An editorial in your August number, with the above caption, has reminded me of an intimation made you sometime since, that night, if you remember it, justify the expectation of hearing from me. Though not exactly under the ban of "*young* ignoramuses," an epithet so very ungenerously, and probably, unjustly, flung in the teeth of your correspondents, I am no less valuable; for though I have long dabbled in medical correspondence, I have no just claim to medical scholarship. Nevertheless, for reasons which I hope may appear satisfactory, I shall hazard — perhaps *merely* your rejection of my brief article.

The first obvious inquiry may be, can a medical journal originating in New Hampshire, and mainly sustained on the resources within its own limits, reasonably aspire to character and consequent usefulness? A slight acquaintance with the history of the medical school at Hanover, and of the distinguished medical men of New Hampshire, for the last half century, would lead us to conclude that the State must be recreant indeed, if the impress of such men as Smith, Twitchell, and Muzzey, to say nothing of others, had failed to mark its medical profession. The resources of the State therefore may be safely estimated at something more than dependence on "ignoramuses young" or old, for sustaining such a periodical as shall reflect no discredit on the memory of these honored pioneers. The next inquiry, prompted by the above conclusion, is, why do your *men of mark* suffer the pages of your *only* Journal to be monopolized by the "young ignoramuses?" The latter are rather to be commended for their honest, earnest, though it may be, ill directed zeal, than the sneering, snoring savans, for their heartless indifference.

But have the erudite Doctors, who are so shocked at the bare thought of contamination, by association with "young ignoramuses" in the pages of a medical journal, noticed the fact that your own Journal, at least, for the last eighteen or twenty months, the only period of its history with which I am familiar, has been favored, in its original department, with a fair proportion of articles, not merely interesting, but instructive; that its foreign correspondence will compare, creditably, with that of most of our medical periodicals? Very likely, it may have admitted articles, that in the judgment of rigid criticism, might have been mended. Possibly too, in its editorial department, opinions may have been expressed that will not meet a ready response from *all* —who are entitled to respect, as intelligent members of the profession. But what Periodical, in any department, can claim exemption from these unavoidable contingences? Would it not be wiser, more philanthropic, and more *manly* in these malcontents, to cease watching for occasions to rail, and to expend a little of their *unappropriated* erudition in improving and adorning the pages of the New Hampshire Journal of Medicine?

But what are the ends to be attained by the free circulation of a medical journal in New Hampshire, originating within its limits, and sustained on its own capital? Of course, you will not claim equal facilities with the great commerciel Towns, with their large and well appointed hospitals, abounding, and still advancing in means for scientific research in medicine. These are the sources from which we have a right to expect the elementary and more essential items of discovery and improvement. Our expectation may not have been fully realized; yet we can ill afford to forego the Journals which emanate from these localities. Meantime it should be borne in mind that the efficiency of a medical man is not all comprised in demonstrating the form and dimensions of a globule. Many notable *soporifics* have been concocted, for our especial benefit, in the Halls of science, as our own befogged consciousness can well attest; while the spirit of the *man* glows no less intelligently than genially within us, at the recollection of the *cordial* which may have originated in some mountain gorge, or retired valley. The *scientific* physician, perhaps, abounds most in our great Towns; the professional *man*, in the country. While we are careful therefore not to under value the indispensable qualifications of the former, let us not fail to cultivate the latter.

And should not this be regarded as one great aim and end of a country medical journal? What better method of *fraternizing* a class of men, who, of all men, most need the element of brotherhood in their professional organizations?

You say, "medical journals are notoriously not *money-making* undertakings." *Generally*, perhaps not. Nor will the stain of dishonor be found on every *exception*. We should be careful not to emulate or encourage the drivelling *cant* which professes to feel no impulse, prompting to professional labor, except the *throe* of the patient's agony. There are mercantile men who engage in commerce, *primarily*, to lay the foundation, of an estate; but they may spurn prevarication, misrepresentation, and deceit, as they would false weights. Many a worthy man has chosen the profession of medicine with the same view; and yet has gradually come to sit more loosely by its *lucre*, as the humanizing influence of medical life has wrought its genial changes within him. And so of Medical Journals. Many an Editor has begun his work with a craving for *gains*, which may not have been exactly *germain* to medicine; and yet, has been gradually wiled out of his cupidity by the liberalizing influence of his own employment.

The *one* medical school, and the *one* Medical Journal of New Hampshire, seems to me to be the very appointment and proportion which she needs; the very adaptation requisite for the best cultivation and elevation of her medical profession. Vermont has three medical schools, but no Journal. Her prospects for sustaining a good Journal would be greatly improved by the reduction of her three schools of medicine, to *one*. Instead of this however, we look, at our next legislative session, for a bill to organize a medical college in every school district in the State, with a provision that the *chair professional* shall be accessible to petticoats. In the event of the successful termination of this project, you may expect to hear from me again.

Yours respectfully,

J. L. CHANDLER.

St. Albans, Vt., Aug. 1855.

NEW YORK CORRESPONDENCE.

New York, August 17th 1855.

Messrs Editors:—I am reminded by the "gentle jog" in the July No. of the Journal, of an uncancelled promise. I have no excuse for the long interim of silence and probably your readers will not urge any. In looking over my note book of lectures during the last winter, I find a few notes and queries which are worthy of thought.

To the student who has received his entire education in New England, where Worcester and Noah Webster, are studied in the common school equally with the college, who has been disciplined in the art of pronunciation, and taught to regard it a fundamental element in education, who has imbibed impressive lectures on its importance from schoolmasters and professors, who never reads or writes an essay without a dictionary at his elbow, to a student from the "North Countrie," thus trained, there is nothing more striking in the New York medical schools than the pronunciation of many of the professors and the students resident in the city, more especially those from the South and West. The great striking fault is, an entire want of uniformity. It is not remarkable perhaps, since the standards of pronunciation are so various, and the makers of lexicons have given the subject so little attention. In an odd corner of my note book, I find a few words, written as they were pronounced, which will serve well to illustrate.

Teesis,	Phthisis,
Trackea,	Trachea,
Trakeetis,	Tracheitis,
Offishinal,	Officinal,
Mountaneous,	Mountainous,
Epecac, (!)	Ipecac,
Askeetes, (!)	Ascites,

Hippercrates, accent on the first syllable, like *crockery crates.*

Hercules, accent on first syllable, pronounce in *two* syllables instead of three.

Is the list not worthy of the "schoolmaster abroad?" All words ending in *itis*, have the sound for the most part, of *eetis* though one fails to observe anything like uniformity in the pronunciation of this termination. If we say *teesis* for phthisis, why not say laryngeetis also? In all the dictionaries and spelling books, where the sound of the letters are given, we learn that c and g are hard, before a, o, u, and soft, before e, i and y; how then, in the names of Lindley Murray, and Noah Webster, can a person so compromise their rules and offend the memory of there ancient worthies, as to say *askeetes?* But it is not these and similar mispronunciations that we complain of, so much as the lack of uniformity, the present looseness of pronunciation and the entire absence of any standard or authority, by which to be guided in this difficult art. In no medical lexicon are the quantities of the vowels marked (perhaps Gardner's dictionary may be excepted, but there the directions are limited) and set rules given, for accentuation &c., by which students may be taught with any degree of exactness. The saying of the ancient Greek philosopher is a cogent and true one, "a little thing gives perfection, although perfection is not a little thing." Pronunciation is in truth a little thing, and it is a little thing which makes it perfect, yet when it is wrong, unscholarly and shocks every sentiment of propriety, the remark of the philosopher seems as sage as it is old. It would seem at all events that our pronunciation should be English; plainly so, and according to English rules, and to confound the English, French, the provincialisms of the South and West and the peculiarities, and *nasalities* of Yankeedom all in a heterogeneous *mélange* of incompatibles (as chemists say) savors of pedantry and a degree of inaccuracy ill becoming the character of our profession. It was remarked last winter by a Professor, himself one of the most exact and finished scholars in the country, that he knew of but one place in America, where the pronunciation of medical terms is so wretched as in New York and "that place, Gentlemen" said he, "is Philadelphia." How comes it that this is true? Is it perhaps, that in pursuit of the graver subjects of study, the intricacies of our science, pronunciation is totally overlooked, as a simple and trifling matter? How small a degree of care and attention would obviate this reproach? It is believed that the country schools excel those in our cities in this respect, that the New England medical institutions will be found superior. In one at least, considerable attention is devoted to this subject by the teachers, and as high a degree of exactness acquired as is possible.

In fine, whatever be our standard, English, French or American, let us have uniformity. Let our lexicographers devote a seperate page and special pains to the subject, let Professors set an example of scrupulous accuracy and urge it upon the attention of their pupils; thus can a reform be instituted and accomplished. It is a just claim on the scholars of the medical profession that they reform and correct this matter. Shall we hear the sordid inquiry, *cui bono?* We reply, it is for the honor and reputation of the whole profession. Then will the pronunciation of medical words cease to be vague, loose, indeterminate and no longer justly named the *opprobrium medicinæ*. The apothegm of the philosopher recurs, "a little thing gives perfection, although perfection is not a little thing."

Among the items of medical intelligence these are a few things of interest. The Corporation of Crosby st., school are erecting a commodious structure on the corner of Twenty-third street, fourth avenue, opposite that long, unique block of houses known as the "London Terrace." The former site of the college was too far down town, and the old building begins to show the marks of "times effacing fingers."

The new locality is more eligible, is more retired and nearer the Bellevue Hospital, where Professors and students resort so frequently during the curriculum of lectures. At the Thirteenth street, (New York Medical College) several changes have recently been made, changes of importance to the welfare of this young and vigorous school. Dr. Henry G. Cox, late chief physician to Emigrants Hospital, Ward's Island, has been appointed to the chair of Theory and Practice, hitherto filled by Dr. Green who is now Prof. Emeritus and lecturer on diseases of the respiratory ergans. This will include his *spicialty*. Besides his lectures on diseases of the throat, Dr. Green's lectures on phthisis are of a valuable kind. The etiology and pathology are dwelt on *in extenso*, and with great minuteness, while the treatment is considered in a comprehensive manner and with reference to all the recent, important researches of the best practitioners at home and abroad. Dr. Cox is a valuable accession, a gentleman of ripe experience and liberal culture. It is imperative; that professors of the "Practice of Medicine" should be men in large and active practice, men of tact, experience and expedients, so that they may bring to the lecture-room, fresh results and experiences, not book knowledge merely, for students have that in their libraries and their heads (or should have) but gleanings and observations just from the sick-room and bed-side. Knowledge, coming from this source and in this way is more easily acquired and retained, and in the end more available. Still another chnage is, that Professors Peaslee and Parker exchange chairs. Prof. Peaslee's habits of thought, study and style of lecturing qualify him particularly for the chair of Pathology and Phisiology, though filled during the last course, with great ability and success.

Prof. Peaslee's method of instruction, of making abstruse things clear, and investing the dullest points, and driest details with the glow of a scholarly enthusiasm, also render him the properteacher of pathology. His lectures, besides being strictly scientific, always have a practical bearing. It is this quality in part, which renders his course on physiology always so popular. It is doubtful if any lecturer on this branch in the country, gives so full a course; certain is it, there is no better course given. Prof. P's marked characteristics as a lecturer, are great perspicuity, simplicity, earnestness and accuracy, with an entire absence of what is merely theoretical or speculative. The department of anatomy falls into able hands, and on the subject of microscopical anatomy, the course will be an exceedingly valuable one, as Prof. Parker has few superiors in the use of the microscope.

The controversy now existing between Dr. Green and the opposing parties goes on royally. In the American Medical Monthly of July and August, will be found extended, reports of the proceedings of the "Academy of medicine," and speeches of the members upon the mooted subject. How this entire matter must and does appear to unprejudiced physicians in the country, to well informed, discerning minds of unbiassed judgments, it is not difficult to decide. With them and such as they, the issue is secure. Injustice, prejudice and envy which have in a large degree marked the bearing of the opposition may prevail for a season, but truth and right and honorable dealing will yet triumph. The vigorous lines of Bryant have a significance in this connexion.

"Truth crushed to earth, will rise again,
The eternal years of God are hers,
But error vanquished, writhes in pain,
And dies amid her worshippers."

The summer course of lectures at the Thirteenth street college is now in session. The number of students is highly respectable. The branch of Auscultation and Percussion is taught in a course of lectures and clinical instruction by J. Hancock Douglass M. D. Dr. Douglass is a young man of high professional standing and ability, and brings to the work the enviable reputation of being the most accomplished person of his age in this art in the city. His lectures are able and instructive and well attended.

Among the recent medical publications, Prof. Bedford's work entitled "Obstetrical Cliniques" is noticeable. It is an octavo volume published by the Messrs. Wood. There was a prolix, laudatory criticism of it from Prof. Paine in the June number of the New York Journal of Medicine. How Prof. B., could have such a review from so ripe a scholar and philosopher as Dr. Paine, we know not, unless by right of membership in the "University-Mutual-Admiration-Society." There was also a similar review of the book in the column of "book notices" of the "Observer," a conservative, religious paper of the Orthodox denonination. Now when critics of the religious press essay to review medical books of "Obstetric Cliniques" by Prof. Bedford, what shall we say? Are we at an era when religious critics include the art of "obstetrics" and the "Diseases of Women" with their researches in divinity and theology? Shall Latona, the divinity of a heathen mythology, the presiding goddess of childbirth set up her shrine in the editorial "sanctums" of our religious newspapers? Jupiter "*deorum et hominum pater*," forbid. Had the criticism appeared as an advertisement, *a la* Hunter we should have said it was paid for, but as it is we make no suspicion. The work contains the Professor's clinical lectures and examinations. Much is reported in Nelson's Northern Lancet, besides colloquies real and imaginary with the multitudinous hosts who have resorted in these latter days to the University, as the invalids of old to the Pool of Bethesda for the gratuitous "healing of the waters." The lectures have not altogether lost their identity in the excellent typography of the publishers, but to the reader who has heard them, they seem spiritless and tame. It is in the reading, one comes adequately to appreciate Professor B's high histrionic power as a speaker and actor, and wonder at the secret magic which renders his clinical lectures and examinations so notorious. One finds it is in the man,

"Native and to the *manner* born"

to "furnish forth" an entertainment, at once varied, unique and *recherché*. Your correspondent does not purpose to offer any truly critical observations upon Professor B's., work. Such is the office of an older pen.

Several changes and appointments in the medical department have recently been made at Harts Island by the Com'rs of Emigration. What order will issue from the present chaotic state we cannot determine. Prof. Carnochan is retained as Surgeon in chief.

The city continues unusually healthy. The bills of mortality show an alarming number of deaths from cholera infantum. The age and progress of our art, demand that we know more of this pathology and treatment of this scourge of childhood. Will not some one enter the wide, open field of investigation and throw light upon what is now obscure, that its fatal course may be arrested and controlled?

But I fear your patience cannot keep pace with my errant pen, so for other themes and thoughts another month.

MEDICUS.

OBSERVATIONS ON SCARLATINA.

By HENRY TWEEDY, M. D., &c.

[The following remarks upon scarlatina have seemed to us to present a fair view of the treatment of that complaint, and as our readers have now finished the perusal of Dr. Webbers reply to an article which appeared some months ago, by Dr. Cleaveland, we follow up the subject by this brief article. These are the views, substantially, that we have always held with regard to the treatment of scarlatina, and our confidence in them is much increased by the concurrent experience of a man, who stands so deservedly high in the profession as Dr. Tweedy.—EDITOR.]

There is no lack at present of able and useful contributions to our medical and surgical literature, but all must admit that it is of the first importance that practical men (many of whom have neither time nor taste for writing learned and lengthened essays) should be encouraged in every possible way, to write as briefly and as plainly as they please upon points of practice not generally adopted, and the correctness of which has been proved in perhaps hundreds of unpublished cases.

The following observations upon scarlatina shall be confined to three points of practice:—

1ST. EARLY PURGATIVES.
2ND. COLD DRINKS.
3RD. THE APPLICATION OF NITRATE OF SILVER.

I have had extensive opportunity of witnessing and treating eruptive diseases when on different occasions they severally assumed the form of an epidemic in Dublin. Of scarlatina, which is justly considered the most formidable, I do in truth declare that, to the best of my belief, not a single case, for the last ten years, proved fatal of those which I had seen within twenty-four hours of the commencement of the attack, and which had not previously been put under treatment. Humanly speaking, the cause of such success has been that I have long held in deep abhorrence an *early* aperient in *any* form of eruptive disease. I state it advisedly as my opinion, and one not hastily formed, that a smart purgative draught is in itself sufficient to convert a case of mild scarlatina into a malignant and, in all probability, a fatal one. To my mind it is not difficult to assign a reason as to how and why this should be so.

The primary stage of every disease, whether medical or surgical, is inflammatory, and this supposes the diminution—in some instances, the almost entire suspension—of all the secretions. The mucous membranes, which in health are always moist, become in the early stage of fever, and more especially the eruptive fevers, dry, rough, and parched. An irritating purgative which, in hundreds of cases, forms the groundwork of the treatment, increases considerably this state of things, and therefore should by all means be avoided; whereas medicines which tend to relieve the skin, subdue the fever, and restore the secretions, will, in almost every instance, cause the bowels to act freely and naturally. Should such fail to be the case, a mild aperient, about the conclusion of the third day, will seldom fail in accomplishing all the indications required.

I consider this point one of great practical importance, involving the lives of many of our fellow-creatures. I have for years felt it my duty to warn parents, guardians, and proprietors of schools, &c., against the objectionable and most dangerous practice so often adopted, of giving aperient medicines during the prevalence of any epidemic. They have, to say the least of them, in numerous cases, done irreparable harm, lessening considerably, if not altogether destroying, all hopes of a good and complete recovery.

I cannot say that in one solitary case for the last ten years I ever ordered a particle of aperient medicine before the eruption was not only fully and fairly established, but further, beginning to decline; and I do positively assert that I never had cause to regret it. The bowels have, in many cases, been most satisfactorily relieved by medicines given with a totally different object, and in all the patients did well.

The medicine of all others on which I rely most, and the efficacy of which, in many diseases, is far greater than is generally known, is ipecacuanha. For a strong robust child of 10 or 12 years of age, I should order the following mixture :—

B Aq. distil. 7 fluid ounces.
Pulv. ipecac. gr. vi.
Syrupi croci 1 fluid ounce. M.

One tablespoonful to be taken every second hour. The dose of the medicine should be increased or diminished in proportion to the age of the patient and the effect produced.

COLD DRINKS.

In connection with eruptive and inflammatory fevers generally, it may be well to mention that the objection entertained by many to cold water as a drink is, in my opinion, wholly untenable. I cannot possibly say in how many cases of scarlatina, measles, and other eruptive diseases, whether in adult or child, I have given the attendants full permission to give the patients cold water to any extent desired by them. Suffice it to say, that for at least ten years it has been, with perhaps one or two exceptions, my invariable rule. I am thankful to say, that not a solitary case has occurred which caused me to regret it.

On the contrary, it has always proved not only a safe but, in my opinion, the most useful, and certainly the most agreeable drink I could possibly employ.

While strongly advocating the propriety of giving patients as much cold water as they could possibly desire during the inflammatory stage of fever, I am not to be supposed to say that I should *order* every (or any) patient to drink quantities of this fluid against his will: quite the contrary. There are to be found some, especially in the upper ranks of life (I do not think I ever saw one in the lower), who, whether in sickness or in health, have an intolerable aversion to cold water as a drink. I have before my mind the names of some such, who repeatedly acknowledged to me that never in their lives did they drink one glass of plain cold water at a time. With such I did not press the remedy, and each did well taking large quantities of warm drinks to assuage their intolerable thirst.

As there are physicians favourable to early purgatives, so there are those hostile to cold drink in the first stage of eruptive fevers. My observation of the effects of both remedies in a large number of cases has led to the following conclusions :—

1st. A case may occur in which a purgative might be called for as the foundation of treatment in early fever, but I must ever maintain that such case is the exception, and not the rule.

2nd. Cases may and do occur, in which early purgatives in fever do no apparent mischief; on the contrary, the patients progress satisfactorily.

3rd. Constant observation forces upon me the conviction, that most serious consequences are produced by purgatives in the early stage of eruptive disease, eventuating in the most startling results, which, in my opinion, might have been avoided by other and milder treatment.

4th. The choice of warm whey &c., or cold water, may safely be left with the patient. In nineteen cases out of twenty, the latter will be preferred. Gratifying the patient in the matter has never disappointed me.

NITRATE OF SILVER.

The third consideration with reference to scarlatina which I desire briefly to advert to, is the appliction of Nitrate of Silver to the Fauces.

I believe no physician doubts the efficacy of this remedy, but certain I am that many practitioners might nearly, if not altogether, as well neglect this most useful and powerful agent, as use it as they do. There are many who never apply nitrate of silver to the throat in any other way than by means of a camel's-hair pencil. Now, nothing could shake me in my conviction, that hundreds of cases of scarlatina have proved fatal from this cause alone. I have seen ulcerated sore throats, as severe as perhaps any which the records of medicine can afford, and which had brought the patients suffering from them to the very confines of the grave. Had I nothing better at hand than a camel's-hair pencil for applying a caustic solution, to a moral certainty they should all have terminated fatally.

The right mode, in my judgment, for employing this great (I might almost say only) remedy in this extreme case, in which life is all but extinct, is to get a long probe, round which should be rolled a piece of lint. This should be allowed to stand for about one minute in a twenty-grain solution of nitrate of silver. A spatula or spoon having been placed on the tongue to depress it, the probe should be passed low down into the throat, the interior of which should be cleverly rubbed all round. Those who have practised this in the way described have had their hearts gladdened by the wondrous change in a moment produced. A sponge attached to a rod of whalebone has been used and recommended by many. This, though infinitely preferable to a camel's-hair pencil, is open to objections:—1st. The same sponge should not be used (though I have seen it done) for more than one patient, and we often meet with two, three, or even more at the same time, and in the same house. 2d. There is a difficulty in having the sponge kept clean. 3d. The sponge is ten times more disagreeable to the patient; and lastly, it does not answer the purpose so well.

I know of no disease, the recoveries from which have astonished and rejoiced me so much as scarlatina. No case should be despaired of, or left without the most vigilant care, until life became wholly and unmistakably extinct. I feel perfectly satisfied that there are many practitioners who have reason (upon a review of past experience of this disease above all others) bitterly to regret the course they pursued. Like croup, it runs through its stages quickly. To neglect proper treatment, and that at the right moment, or to employ injurious means, is an error never to be remedied.

Some time since I was attending a fine boy, aged seven years, in Mountjoy-square. He laboured under malignant scarlatina. The case was one demanding the utmost care and attention, it being as unpromising—I might perhaps say as hopeless—a case as any I had ever seen. Having had occasion to pass the house at a very late hour of the night, I paid my little patient an unexpected visit. The person who opened the hall-door anounced to me her belief that the child was dead. On entering the room I beheld the mournful sight of a fond father with what he considered to be his dead son lying in his lap. The scene was one not soon to be forgotten. On a very close examination, I could clearly perceive that the child was still alive, but no more. One drop of fluid he could not swallow, and his respiration was almost imperceptible. I instantly applied the nitrate of silver in the manner I have described; not, I must say, with much (if any) expectation of success. The effect was literally miraculous. An immense quantity ef mucus and lymph adhered to the lint; he immediately breathed freely, before I left the house drank cold water, and in the providence of God made a quick and complete recovery.

This is a case of peculiar interest, pointing out distinctly two important points—viz., 1st. The extreme value of nitrate of silver when properly applied. 2d. The physician's duty in never turning his back upon his patients, and saying no more can be done, so long as the smallest appearance of life remains.

A short time since I attended a family in North Richmond-street, who have suffered severely from scarlatina. The mother took the disease from her children, four or five of whom were ill together. With the exception of one, the cases, though far from being mild, were not alarmingly severe. In the eldest, a handsome girl, about 11 years of age, the disease assumed a malignant type. On the night of the fourth or fifth day, I was sent for in great haste, and was informed by the messenger that my patient was dying. On entering the room I had good reason for fearing that what I had heard was but too true. Her face was absolutely purple; her respiration so painfully difficult that she required to be propped up with pillows in her bed; an intelligible word she could not utter, and swallowing was quite out of the question. I lost not a moment in applying the caustic solution, as in the last case mentioned, and with similar and equally happy results. Her recovery was everything that could be desired, and she is now, I am thankful to say, a healthy young lady, full of life and spirits.

I do not presume to say that the man who adopts the foregoing treatment must necessarily succeed in every or in any case; but this much I must say, that in my experience it has proved successful, and I confidently believe that none who adhere to it shall have reason to regret it.—*Dublin Medical Press.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, OCTOBER, 1855.

REPORTS OF THE BOARD OF VISITORS, TRUSTEES, SUPERINTENDENT AND TREASURER, AND BUILDING COMMITTEE OF THE N. H. ASYLUM FOR THE INSANE. *June Session* 1855.

We received the annual Report of this Institution, some weeks ago, through the courtesy of Dr. Tyler, but our acknowledgement of the favor has been somewhat delayed, that we might be able to give the readers of the Journal a better idea of the present condition of the Asylum than we should heretofore have been in a condition to give.

From the report of Dr. Tyler, the Suprentendent, we learn that the whole number under treatment during the year is 246, of whom 122 were males; of these 246, *fifty* have been discharged recovered, *twenty* improved, and *nine* unimproved. The greatest number under treatment at any one time was 168.

Among the causes assigned by friends for the insanity of these 246 persons, we notice four cases from the effects of the "Spiritual Rappings." We mention this merely because it is the sterotyped reason adduced by many people against all investigation into the doctrines of the "spiritual" phenomena. How well founded such an objection is, we leave for every one to decide for himself, though we confess that the fault seems to us to lie in the predisposition of the patient, and not in the "rappings." People may be insane *upon* such subjects but rarely *from* them; the effects of their insanity being mistaken for its cause.

"Among those reported as recovered," says Dr. Tyler, "is numbered a man of intelligence and education, who was for nearly eleven years an inmate of this institution. Nearly as remarkable has the recovery of several other persons been, whose insanity was not of so long duration. The good however which the asylum accomplishes, cannot be wholly computed by the number of recoveries, entire or partial, which occur; but there should be added thereto the comfort here received and misery avoided by those whose reason has forever hopelessly gone."

The number of inmates for which the Asylum presents accommodations is only 148, and this number is constantly and necessarily exceeded. It results from this, that the whole household is crowded and inconvenienced. Many have to be turned away for want of room for their accomodation. The state is slow in making adequate provision for its insane. If our Legislators could be persuaded to abstain from their schemings and wranglings long enough to become thoroughly acquainted with the true state of the case, and know the necessities of this unfortunate class, we should never in future hear of want of accommodation for them. We connot do better than to quote a few words upon this subject from Dr. Tylers report. "It is an exceedingly unpleasant duty for us to refuse admission to patients who are brought to our door—to turn them away, to be perhaps caged and neglected, when they should find comfort, care and kindness, and may be recovery here. It is not an uncommon thing for a patient loudly vociferating, and with his dress in disorder from rough usage, to be brought to us, bound hand and foot, and under a guard of strong and anxious men. And the true story that is told to us, is that he has thought his best friends his enemies; that he has tried with all his might to injure them; that neither men nor chains could keep him quiet; and that when kept ever so secure, at night the whole neighborhood were awake with fear, lest he should escape and do them harm. Such a person will often follow one of us to a hall without the least resistance, and on finding all new and strange and quiet, and faces unfamiliar to him and unassociated with his late fancied injuries, will himself become gentle and quiet, and will receive from strangers, those kind offices which he has refused from his dearest friends. It is hard to send such an one away from our doors, and from the comfort and benefit he might find here, back to be the terror of his family and of a whole community, and possibly the destroyer of himself. Perhaps a member of a family in moderate circumstances has become insane, and application is made for his admission here, and refused for want of room.

The extraordinary expenses for care and attendance at home, and the disturbance in the regular arrangement of labor for the support of the family, soon wear away the small resources accumulated, and the family is obliged to seek for all aid from the legal guardians of the poor. Or the far worse alternative is that the patient is shut up by himself, and in neglect and filth, or by harsh and abusive treatment, loses *at home* all moral semblance to a man."

From various sources of information, Dr. Tyler has learned that the whole number of insane in New Hampshire, is 550, exclusive of 35 who are under treatment in other states. Of thes 550, only 155 are at present enjoying the benefits of an Asylum.

Among the improvements recently made, or in the process of making, we may mention the construction of a new wing, at right angles to the present one, capable of accommodating fifty patients; the substitution of a new and thoroughly constructed cottage for the most excited class of patients, in place of the filthy cells they were before compelled to occupy; the introduction of heating by steam, instead of the clumsy and ill-constructed furnaces formerly in use; the construction of a large ice-house and of a reservoir supplied by unfailing springs and capable of containing 11000 gallons, from which water is forced into cisterns in the attic. Many other improvements are mentioned in the report before us, but they are probably of a nature not to be of interest to our readers.

In former times *mad-houses* were looked upon merely as receptacles, or prisons for the insane to keep them from injuring others, and were therefore oftentimes notoriously liable to scenes of the most inhuman neglect or violence. Now they are Asylums for the comfort and cure of their inmates. Open to public inspection, and with the watchful eye of self-interest upon them, they are much less liable to abuse than formerly. The duty and interests of their officers now coincide. Stated reports inform the Public of the condition of each institution, and a praiseworthy regard for the general good opinion renders their directors solicitous of so managing their respective establishments as to be able to present a fair view of their efficiency to the world.

But in order that the greatest good may flow from institutions for the insane, the public should be impressed with the importance of sending patients to them in the *early stage* of the disorder. After the first two or three months of insanity, the longer a proper course of treatment is postponed, the less is the chance of recovery. And the instances of perfect restoration after even two or three years of uninterrupted unsoundness of mind are very rare. While of those treated correctly from the beginning, four-fifths may recover, only one-fourth, one-third, or at best one-half of the general admissions into the hospitals terminate favorably, because introduced at two late a period of the disease. This is an error which generally arises as well from ignorance of the necessity of early treatment, as from the mistaken sympathy and affection of friends, and its correction is in a great degree in the hands of the Medical Profession, scattered as they are throughout the land and their advice sought in every emergency. Although we are not inclined to deny that there may be some cases, especially among females, of such a nature as to be best managed while the patient is in the bosom of her family, where she can be cheered by the kindly influences of home and the society of friends, yet the proportion of these case is small; and at all events, it is wiser to leave the decision of the propriety of such a step with those who by study and experience are best able to form a correct judgment. We should urge them upon physicians to invariably recommend the *immediate* removal of such cases of insanity as occur in their fields of practice to an Asylum, where they can be properly cared for. A physician need not wait to be called to advise in these cases. If his advice is not sought, it is his duty to volunteer it, and this prevent the sad results which may and often do result from the popular ignorance of the nature of insanity.

We wish also to advert to the too frequent removal of patients from insane asylums before sufficient time has been allowed to make much progress towards recovery. Insanity is a disease almost always slow and gradual of cure—always too much so for the impatience of friends and is moreover exceedingly liable to relapse, unless quite eradicated before the patient is again exposed to the dangers of an unrestricted intercourse with the world.

It is incumbent upon the Medical Profession, as guardians of the public health, to diligently inculcate these facts upon the friends of the insane whenever occasion offers and thus endeavor to check the evil. Convalescence should be decided, and all evidence of unsoundness should have ceased for some weeks, as a general rule, before the patient should be withdrawn from the institution. *

LETTERS TO A YOUNG PHYSICIAN. BY JAMES JACKSON, M. D., LL. D., etc. *Phillips Sampson & Co., Boston*, pp. 344.

Dr. Jackson, a man universally acknowledged to be a model of the professional gentleman and Christian philosopher, has here followed the example of some of his fellow ex-professors, and written this little book in which, as he says, he does not design, to treat of diseases systematically, but to offer the results of his experience upon such points as have not been thoroughly explained in books. It is a plain and comprehensible treatise on the affections treated of, and as well designed for *old* as for *young* practitioners. We mean to give our readers some extracts from it before long, and they can then judge for themselves. It is for sale by Messrs. Crawford & Chick, of this city, and we speak our honest convictions, when we say that it is best and most authoritative book of the kind we have ever seen. *

A MANUAL OF CLINICAL MEDICINE AND PHYSICAL DIAGROSIS. BY T. H. TANNER, M. D. *Published by Blanchard & Lea*, pp. 252.

We hail with pleasure all publications which tend to excite students and practitioners to greater accuracy in the observation and diagnosis of disease, and this little book is eminently of this character. We cordially recommend every young practitioner who wishes to reap the greatest possible benefit from his observation of disease to make this book his daily companion.

We have before us the "PROCEEDINGS OF THE CONN. MED. SOCIETY" for 1855, a sturdy pamphlet of 87 pages, the main topies of which are the sanitary reports of Hartford County and an able essay upon the subject of Registration as a basis of sanitary reform, the latter by Dr. Stephen G. Hubbard of New Haven.

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THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

VOL. V. NOVEMBER, 1855. No. 11.

FOREIGN CORRESPONDENCE OF THE JOURNAL.

Berlin, Sept. 1, 1855.

MESSRS. EDITORS:—To one who is pleased with exhibitions of stirring surgical skill, a visit to the private hospital of Dr. Graefe is full of interest. Dr. Graefe is without doubt the most promising physician in Europe, although his reputation is not so widely extended as that of a few older men. Although but twenty-eight years of age, I suppose that he has not his superior as an oculist, and perhaps not his equal. He is consulted by numbers from all parts of the continent, and private students come from every division of the world, to view his skill and to receive instruction from him. Here are physicians from Russia, Greece, Denmark, Norway, Brazil and the United States. I have had many opportunities to see him, at his house and at his hospital, and have always found from ten to fifty patients in waiting. The instrument with which his name has often been associated as the inventor (the opthalmoscope,) although he disclaims the honor, and the books which he publishes annually, containing elaborate articles on opthalmic science, have attracted the attention of physicians to him, while the sad fate of his father, who died from chagrin at being unable to operate successfully on the eyes of the King of Hanover, has enlisted in the reputation of the son, the feelings of those who are not influenced by professional sympathy. But his manner is so peculiar that I must describe it somewhat fully. Before being introduced to him, I was accustomed to attend his public clinic, in order to see the numerous interesting cases there presented for treatment or operation. The room was always crowded with patients, seated on desks like those of a school, in order to accommodate a number. There must have been a hundred present. At the moment appointed for the commencement of the clinic, the door opened, and a lightly built man, of genteel form and moderate height entered. All rose, and he hurried across the room into his operating apartment, seated himself in his chair, and had commenced the investigation of a case, in less time than I have spent in noticing his entrance. All around him were his students. Four or five assistants were seated by his table, recording his prescriptions, handing instruments, arranging glasses, or writing his orders to opticians. Not a quarter of a minute elapsed between the several cases, and yet in his private clinic, I have known him to spend an hour in speaking of some interesting anomaly in the physiology of the eye. He is the most active man whom I have ever seen; he seems but nerve and brain; when he speaks, it is with such rapidity that Germans can hardly understand him, and it makes but little difference whether his conversation is in German, French or English. The quickness with which he performs the most delicate operations upon the eye, is startling to one who is not full of confidence, and yet his success is unsurpassed.

The excessive nervousness which Dr. Graefe exhibits, is not that of a man who cannot control himself; for in the midst of strange confusion, he never is disturbed. Indeed he brought up more vividly than any man I have ever seen, that old picture of Julius Cæsar writing a letter with his own hand, and at the same time dictating a dispatch to his Secretary, and listening to the story of a bystander. With three or four children crying at once, nurses singing, and mothers caressing, Dr. Graefe is able to do what few physicians have the courage to attempt, even under the most advantageous circumstances. I can give the best notion of the amount of his practice, when I say that during one semester of the university, (about four months,) he operated eighty times for artificial pupil. Cases of this sort are rare, and your readers will appreciate how extensive and interesting his entire practice must be.

I must not drop my picture of this eminent man, without mentioning one other trait in his character. Though left in the most affluent circumstance, and enjoying an unlimited practice, the love he bears to his specialty is his great stimulant to action. His health is already fast sinking under his incessant studies and toil, and a few years more will probably terminate his illustrious career.

Dr. Graefe's Hospital is capable of accommodating about one hundred patients, and almost every spare room in the immediate vicinity is filled by them. He has usually about eight assistant physicians. His public clinic is opened daily to all classes of the community, and he receives a compensation from the government for his services to the poor. His liberality and kindness are in the mouths of all, and the poorest laborer can have the advantage of his advice. Besides his public lectures at the University upon the diseases of the eye, he gives, in conjunction with his assistants, a private course upon the Physiology of Vision, another upon the use of the Opthalmoscope, one upon the microscopic characters of the tissues comprising the organ of sight, a private course of clinical lectures, a public clinic for the higher classes, and visits private patients among the nobility.

His pen is also never idle. He has assumed the labor of editing the Yearly Annals of Opthalmic Science, and a noble work it is.

He is continually improving the character and variety of instruments used in surgical operations upon the eye, and his instrument maker always attends his clinics, in order to gain hints by observation.

Altogether, the reputation which Berlin enjoys, as the best school for the class of diseases of which I have been speaking, is owing as much to the labors of this accomplished and assiduous physician, as to the almost numberless Infirmaries, scattered through the city.

N. E. GAGE.

LECTURES ON FEVER.—By William Stokes, M. D.

Lecture XIII.

The study of the affections of the lungs in typhus leads us next to examine a class of cases in which a congestion, more or less severe, or it may be, a consolidation of the lung, takes place in connexion with the typhus state. You have already witnessed several cases of this kind. In some, there have only been signs of a congestive state, affecting a portion of one or both lungs; a state of stopping short of consolidation, and indicated by a crepitus with large bubbles, or a muco-crepitating rale, without much dulness, or the other signs of impermeability of the pulmonary tissue. In other instances, however, we have seen decided dulness to occur; and, between these extremes, we meet with a number of cases varying in the degree, or amount of the diseased action.

To these cases the general term of "typhoid pneumonia" has been given. But you will be convinced, when your experience has been enlarged, that under this term many different forms of disease have been classed; and it is very doubtful whether a true pneumonia is ever developed in the course of a typhus fever. You will meet with the physical signs which attend pneumonia; but these, as you all must know, are insufficient to establish the existence of the disease; and even these very physical signs are seldom so well marked, so complete, as it were, as in simple inflammation of the lung. Nor again do they follow in the regular succession which we find in true pneumonia.

You know that I am not fond of fine drawn distinctions in disease, especially when these distinctions are based on some anatomical specialty, and do not lead to any differences in our principles of treatment; and we shall arrive at more practical results sooner by reviewing some of the more striking cases, I will not say of typhoid pneumonia, but of the acute asthenic diseases of the lung which tend to consolidate that organ. I mean, when using the terms "acute asthenic," to imply a disease which forms more or less rapidly, and is associated with, or secondary to, a condition of the system in which, with fever of some kind, we find evident signs of debility. We may recognize the following forms:—

1. Congestion with more or less consolidation in cases of what is called "diffuse inflammation," "erysipelatous inflammation," or, by some, "phlebitis."
2. Similar, or nearly similar conditions, (so far, at least, as we are taught by pathological anatomy) in cases of purulent absorption, with or without manifest phlebitis.
3. The intercurrent disease of the lung in cases of the eruptive fevers when they are of the low, putrid, or malignant type.
4. Congestions and semi-consolidations of the lung, as intercurrent affections in typhus fever.
5. Analogous conditions arising in the course of the non-maculated, or the so-called "typhoid fevers."
6. The disease occurring in connexion with delirium tremens from excess. In such cases, you will often find a group of asthenic local diseases, which are generally seated in the stomach, heart, the bronchial membrane, the parenchyma of the lung, and even the pleura. In some instances we find the patient has also typhus fever.
7. Rapid, extensive, and complete consolidation of the lung occur-

ring in the course of a typhus fever. In some instances the patient dies asphyxiated; while in others, a portion of the pulmonary structures falls into sphacelus, and death takes place with the symptoms of acute gangrene of the lung.

Such are some of the more prominent cases which have been classed under the head of typhoid pneumonia. There is another of which we have had many examples, and yet I do not wish you to take what I am going to say about it in any other way than in the light of suggestions. The case, as I said before, is by no means uncommon. The patient is attacked with the usual symptoms of typhus fever, and he comes into Hospital after two or three days' illness. There is nothing about him to make one think that his disease will not run the usual course of the epidemic of the day, and we are prepared to expect a fever of at least a fortnight's duration. On admission he may have no symptom which would call attention to his chest; but, as early in some cases as the beginning of the fourth, and in others the fifth day, it is discovered that the upper lobe of one lung is solid, or nearly so. The clavicle is quite dull on percussion, so is the scapular spine, and the dulness extends to the line of the mamma. This discovery has been so often made accidentally, that I am sure that many of such cases have passed unnoticed, at least, where the attendant is not well informed as to the insidious nature of typhous local diseases, and does not make it a practice and a duty to examine daily, as far as he can, the condition of every organ.

But the most remarkable circumstance in these cases is, that the constitutional disease seems to be cut short. The expression of fever leaves the countenance; the peculiar colour or hue of typhus disappears; the eye becomes bright and intelligent; the tongue clean; and the pulse comes down to a natural state. And thus we have seen patients so altered in the course of twenty-four hours, that one had some difficulty in recognizing them. All the symptoms of typhus were gone, and nothing remained but the consolidation of the lung. And this, too, is not attended with any notable suffering. There may be a little cough, some dull pain, or an inability to lie on one side; but that is all. The respiration is scarcely, if at all, accelerated; in fact, it would seem that there was no irritation or excitement of the organ; and the case is another proof of how much less the sufferings in disease are connected with the mechanical than with the vital conditions of organs.

This local disease, too, is generally easily managed. A small blister or two, the application of the tincture of iodine, and the exhibition of a little hydriodate of potass, with or without a tonic, will remove it. Indeed, the cure is often so rapid, that I have thought that our remedies had little to do with the result. How are we to look at such cases? That they are not examples of inflammation of the lung is plain? and it appears probable that if this local disease had not occurred, the patient would have gone through the course of the fever of the day. Does it not seem as if the constitutional disease exhausted itself as it were, in the production of the local affection, just as, in certain cases of simple variola, we see the fever to subside on the appearance of the pustule? I do not know whether such cases have been observed elsewhere, but of their existence we have had abundant proofs. It is worthy of remark, too, that when we compare these cases with the ordinary forms of typhus, attended with secondary disease of the lung, the local affection is here developed at an unusually early period; and it may be, that in the more protracted cases of fevers, the nature of which is to develop local affections, the periods of this development and of the cessation of the fever may also be coincident. We do not, however, find that this is so common as to establish a rule. Let us, assuming that these curious cases are really examples of typhus with a secondary deposit, again compare them with the more ordinary forms of the disease, and we shall find that they want two important characteristics of the longer fevers; one, the successive production, or the simultaneous production of various local diseases; and the other, the occurrence of that secondary inflammation, or irritation of the parts in which the deposit takes place. That the latter circumstance is one of great weight in relation to the preventing or delaying of crisis, it is impossible to doubt. As to the case of successive, or simultaneous production of local diseases, this, at all events, marks a more severe and complicated disease.

Gentlemen, I will not here enter into the wide subject of crisis in fever; yet I may point out to you, as a matter well worthy of investigation, the possibility of the occurrence of crisis by other modes than those which are generally enumerated; thus we may have a crisis without sweating, or diuresis, or hemorrhage, or diarrhœa, but which takes place by an internal and silent change in the condition of an organ, and yet a change which will, or may, itself spontaneously disappear.

Here let me warn you against the error which so many fall into with respect to these various cases of disease of the lung arising in the course of some form of constitutional disease of fever. They are usually set down as pneumonia; typhoid pneumonia by some. Now the name itself would be of little moment if its adoption did not lead to errors in practice. And, although it cannot be affirmed with certainty that in none of these cases is there pneumonia, yet we have good grounds for believing that in many of them, inflammation, as the term is commonly understood, is either absent from the first, or, if it occurs, that it is only secondary to a special lesion induced by some form of constitutional disease.

It is extremely difficult to present to you any well-defined classification of the various forms of diseases which have been described under the head of typhoid pneumonia, or to draw the line between simple asthenic inflammation of the lungs, and those conditions which have been described from an early period under the terms of bilious, putrid, or typhoid pneumonia. And observe when I make use of the term asthenic pneumonia, we refer more to the condition of the general system than to the activity or inactivity of the local disease. For, so far as local inflammatory action is concerned, there is abundant proof that it may originate and proceed with rapidity, and even with vehemence in the very last periods of life, so that the disease may be sthenic, *quoad* the local condition, and yet the case itself be asthenic in reference to the general state of the economy. Much of the confusion with regard to this subject has arisen from the circumstance, that too great weight was attached to the presence of certain physical signs which were taken as always indicating similar conditions. The succession of the signs of crepitus, dulness, cessation of vesicular breathing, and its replacement by bronchial respiration, has been admitted to indicate a simple pneumonia, in which the local disease is the principal pathological condition, and the fever only a secondary one. But it is certain that this train of phenomena, or some modification of them, may occur under exactly opposite circumstances, the local disease being symptomatic of the fever, and not the fever of the local disease. And there is the strongest reason for believing that even though the mere anatomical condition of the lung in the two cases be similar, yet there is an essential, a vital difference, and that practically we cannot deal with the local disease in the latter case as if it were an original affection. This applies to all those cases of disease with the physical signs of pneumonia, which are secondary to any forms of fever, wehther it be typhus or typhoid, whether it be variola or erysipelas, purulent poisoning of the blood, glanders, malignant scarlatina, or malignant measles. In these cases, even though the physical signs accurately correspond with those of the typical pneumonia, which, by the way is by no means always the case, we must believe that we are dealing with a special condition of parts, and a condition not only special, as compared with ordinary pneumonia, but having also another speciality—namely, that which is derived from the parent malady.

In the present state of our knowledge, gentlemen, we cannot declare that any special anatomico-pathological condition exists, by which we can distinguish these secondary diseases one from the other; but we may say this much, that practically they all appear to agree in being indicative of an asthenic state of the system, and that therefore, the supervention of their physical signs at any period of those various diseases, must not be permitted to divert your attention from the general condition of the patient, or make you proceed to treat a case as one of sthenic pneumonia because it has some, or even all, the physical signs of that condition. Do not suppose that I am taking up your time unnecessarily by insisting on these points, for they lead us directly to deal with one of the greatest, if not the greatest and most widespread error in the practice of Medicine; namely, the treatment of all local, acute and febrile diseases as inflammations. Here is a group of acute, local, and febrile diseases, and not only this, but a set of cases exhibiting some or all the physical phenomena of acute pneumonia; and yet, if we subjected them to the ordinary routine treatment of inflammation, the worst consequences would almost certainly follow. You must learn to look at the antecedents and the accompanying general phenomena of these diseases, and set your face against the adoption of any treatment which is based on the doctrine that they are original inflammations. I believe that the erroneous views to which I allude, are, I am happy to say, every day becoming less and less frequent (thanks to our improved system of clinical instruction) and the independent spirit of investigation which now animates so many of our students. Notwithstanding, they are still too often acted upon, and over and over again, patients who have enough to contend with as the victims of some fell fever or other constitutional disease, are lost, or assisted to their death, by the adoption of a local or general anti-phlogistic treatment, in consequence of the physical signs of a pueumonia being discovered; their stimulants are withheld or withdrawn; tartar emetic, or mercury, or even blood-letting is rashly resorted to; and it often happens that, even though the physical signs of the pneumonia are removed or modified, the patient sinks from the combined effect of the original disease and the exhaustion produced by this ignorant and benighted treatment. I do not think that any of you will fall into these or similar errors after what I have so often said; it will, at least, not be my fault if you do.

Let us now consider what we may term the parenchymatous affections of the lung in fever, or, if you will, the typhus disease of the pulmonary structure. It may be stated generally, that whatever be the differences in the various cases of this affection in typhus, the local disease follows the general law of other lesions secondary to the fever; that is to say, it agrees with them in its mode of invasion, its latency in the earlier periods of its development, its frequent spontaneous retrocession, and lastly, in its pathological effects. It is quite true, that, as compared with the best marked examples of acute sthenic pneumonia, it is not wanting in any of the physical signs of that disease taken singly, but it is generally different from it in the order or arrangement, as it were, of these physical signs. And indeed, I think it is an extremely rare circumstance to observe in the course of a typhus fever the rise, progress, and retrocession of a pneumonia which has passed into hepatization, as we so continually see in ordinary cases of the disease. I have already drawn your attention to those curious cases of consolidation of the upper lobe of the lung; now, whether these be genuine examples of an arrested typhus or not, it is difficult to say, but their whole history and progress is very different from that of ordinary pneumonia; and I repeat, that there is nothing more rare than to see in the course of a typhus fever the regular succession of phenomena with which Laennec has made us so familiar, as indicating the several successive stages of an acute pneumonia occurring under what may be called its normal conditions.

The most common case is the occurrence, generally at an early period, especially in the maculated forms, and often at a later period in the non-maculated, or so-called typhoid fevers, of a well-marked crepitating rale in the lower lobes of one or both lungs; it is generally much more extensive and distinctly marked in one lung than the other. The amount of dulness is seldom very great, and we find the disease, as it were, to linger, and for days together to show no disposition either to produce solidity of the lung on the one hand, or to proceed to resolution on the other. The disease is often quite latent, and is only recognizable by careful physical examination; and its discovery, as you will readily understand from what I have said before, is sometimes an unfortunate circumstance for the patient. In the present state of our knowledge we must believe this condition of the organ to be either the result of a certain amount of typhous deposit into the lung, or of special state, an inflammation, if you will, which is, however, under the general law of the fever, partaking of its specific character, and capable of spontaneous retrocession. It is seldom attended by pain or by hæmoptysis, and it constantly exists without any important modification of the general symptoms of the case.

The second form of the disease is of a more serious character, and seems to be connected either with an original pyogenic disposition, itself secondary to typhus, or we may suppose that the typhoid deposit undergoes a rapid purulent transformation, so that in this way a condition of the lung is rapidly established, having some resemblance to the third stage of pneumonia, as described by Laennec. I have not myself seen a sufficient number of these cases to justify me in speaking very decidedly as to their physical signs; but I think I have seen enough of them to warrant me in believing that the course of the disease is different from that of ordinary suppurative pneumonia. We have not observed the intermediate stage of well-marked hepatization between that which is characterized by the occurrence of early rale on the one hand, and the signs of interstitial suppuration on the other. The complete dulness and the bronchial respiration which accompany the third stage of pneumonia, as described by Laennec, we have not observed; the physical signs being principally a persisting rale passing from a fine into a large crepitus, and semi-dulness on percussion. On dissection, the lung is found soft, friable, of a greyish-red colour, but still very permeable to air, though infiltrated with purulent matter. It is as if the purulent secretion took place co-incidently with or immediately after the first or congestive stage. Some of the patients have had sweatings and a sanguinolent and somewhat sanious expectoration; but we have not hitherto observed the ordinary prune-juice sputa in these cases. I have seen this disease in connexion with purulent deposits in the neck, and posterior mediastinum, but it may occur without the formation of purulent matter in any situation other than the lung;

it may supervene in the advanced periods of the case, and at a time when the patient seems about to recover; or it may come on much earlier, and when the skin is thickly covered with the petechial eruption. The last case is the most formidable; though one attended with the greatest danger, the disease is, however, not always fatal, and we have had several cases in which recovery took place. I need not say, that they were all treatad upon a tonic and stimulating plan, in addition to which we employed dry cupping and blisters.

The last case of which I shall speak to-day is by far the most formidable of the pulmonary affections of typhus; it is characterized by the sudden, complete, and singularly extensive consolidation of the lung. In the course of twenty-four, or even, sometimes, of twelve hours, the most extensive and complete dulness may be produced in a lung which had been previously free from physical signs or, at most, had only exhibited some of the ordinary bronchial rales of typhus. We have thus the signs of complete hepatization, unpreceded by the crepitating rale; the disease begins by consolidation, and then one of two results follows; either the patient dies speedily, generally with loose rales in the opposite lung, combined with tracheal effusion; or, after a day or two, he begins to expectorate a horribly fetid matter, and we discover by the stethoscope that a large cavity has formed in the lung. This is a true gangrenous cavity formed in the very centre of the solidified mass, and the disease has a close pathological analogy to the process of acute mortification, which has been described, as occurring in some of the worst cases of the typhus disease of the intestinal glands.

Let us now pass in review the circumstances in which these forms of disease occur; for when we compare them with the ordinary conditions of acute primary pneumonia, we cannot but admit that they indicate a lesion of a very different nature.

In the first place, the physical signs are preceded by fever; and it may not be until many days have elapsed that the symptoms of lung affection, as it were, spontaneously arise. 2ndly, the fever is obviously an essential fever; it may occur with or without petechiæ, and other complications may or may not be present. 3rdly, the disease sets in without any apparent external exciting cause. 4thly, when the purulent form is observed, it appears to be, as it were, the second stage of the affection; and I may here remark, that, on dissection, we rarely, if ever, find what is termed concrete or nonconcrete purulent matter. Lastly, the invasion of one form of the affection may be sudden, and the signs of extensive and complete consolidation be among its earliest phenomena. It is in this case, too, that, if time be allowed, large eschars forming cavities, which may communicate to the bronchial tubes, are liable to occur.

I may remark here, that in two cases of this rapid consolidation, the gangrenous eschar did not communicate with the bronchial tubes. One was a case of typhus, in a man who had long suffered from gangrene of the opposite lung; the other occurred in a case of what is termed the erysipelatous or diffuse inflammation.

LECTURE XIV.

I endeavoured to convey to you, at our last lecture, that the conditions which have been described under the head of typhoid pneumonia, were probably examples not only of a pathological, but of an anatomical state of parts, different from that which is found in the simple original inflammation of the lung. And it is a great deal easier to say what they are not, than what they are,—to state their negative, rather than their positive characters.

Now I wish to state to you here, that a certain change has occurred in our opinions, as to the origin of the so-called typhoid inflammation of the lung. We at one time held, that it was the co-existence of gastritis or enteritis which gave to the pneumonia the typhoid character. This view was held by us before we had, by that imperceptible power of conviction which arises from experience, admitted the two following principles in their entirety:

1st. That symptoms which are diagnostic of local disease, where the patient has not an essential fever, are either altogether valueless, or much lessened in value when such a condition exists; and

2nd. That the gastric or gastro-enteric lesion is rare, even as a secondary disease in fever; so that when irritation of the structures of the intestinal tubes occurs, it is a remote, tertiary, and accidental phenomenon.

Our present opinion on this matter is, in general, the following: that in cases in which there are, in connexion with the signs of typhoid lesion of the lung, evidences of gastro-intestinal disease, both the pulmonary and abdominal lesions spring from the one parent condition, and that so far from the specialties of the pulmonary, being derived from the accidental complication with the abdominal disease, both have a common character originating in the same source. I am quite sure that a large proportion of those cases described as asthenic pneumonia, depending on gastro-intestinal complication, have been examples of essential fever, with the two affections co-existing as secondary lesions.

We have seen that in these cases, I will not say of typhoid pneumonia, but of typhous or typhoid affections of the lung, the various physical signs of pneumonia, singly considered, may be present, and are actually often to be found. They fail, however, very frequently to present themselves in the regular order or succession which is observed in true acute pneumonia.

Now let us inquire whether there is any physical sign peculiar to these cases of typhous pulmonary affections, which does not occur, at least as the rule, in ordinary pneumonia; and I do not know of the existence of any such, unless it be the sign of tympanitic resonance over the diseased lung, a condition first noticed by Dr. Hudson of this city, and to which he attaches some importance. Dr. Hudson states that in certain cases of typhoid consolidation of the lung, the sound on percussion, was very different from that observable in the ordinary condition of hepatization. He describes it as "a tympanitic clearness over the solidified lung, without air being present in the pleura;" indeed he goes so far as to say that in one case the tympanitic clearness on percession, existed fully to the same degree, and of the same kind as in pneumo-thorax; here the lung was found perfectly solid throughout, with the exception of a small extent of the anterior and postero-inferior parts which was still crepitating.

It is very difficult to understand what condition of parts could have caused this singular tympanitic clearness over a solidified lung. When we speak of tympanitic resonance, it must be always borne in mind that the tympanitic sound does not always imply clearness on percussion. When you have a cavity in the centre of a solidified lung, or when you have hepatization of the left lung, in connexion with flatulent distension of the stomach, the sound on percussion, though dull as compared with that of the healthy lung, has a distinctly tympanitic character; to this we have long been in the habit of giving the name of tympanitic dulness. I have never found it, however, to simulate the tympanitic resonance which occurs in pneumo-thorax, or in dilatation of the air cells; it is inferior in degree, and different in character. Dr. Hudson met with four cases, in which the observation of this phenomenon was followed by dissection. One was that of a man who died of extensive inflammation of the left lung in the Meath Hospital, in the spring of 1832, in which, at the close of the case, from the hollow sound on percussion at the lower part of the left side, it having been previously quite dull, a pretty general opinion existed that a pneumonic abscess had formed and burst into the pleura. On dissection, the side having been punctured, no air escaped; the lung was red and solid, but without abscess, and the pleura was adherent over two-thirds of its extent. I must, in justice to myself, state that in this case I never entertained the idea that an abscess had opened into the pleura. In another case, the lung was found hard and solid, from chronic pneumonia; and in the two remaining cases, the condition of parts was similar to that which was presented by that first detailed.

Dr. Hudson admits that, in three of those cases, the tympanitic sound might be explained by reference to the distended state of the stomach; but in the fourth, he thinks that the explanation might be found in the faculty with which the vibrations of the air in the bronchus, and its larger divisions, may be supposed to be communicated through a lung in that condition, that is to say, solid throughout; and therefore, not permitting the loss in a mixed medium of solid and healthy lung of such vibrations.

I am quite prepared to admit that, with extensive solidification of the lung, the dull sound, on percussion, may yet have a tympanitic character; but I have seen no case in which this sound could be confounded with that of pneumo-thorax, or of dilatation of the air cells. With reference to the bearings of this question upon the signs of typhoid pneumonia, I can only at this moment remember two cases which are worth detailing to you. In one, tympanitic dulness did occur over the diseased portion of the lung, without our being able to account for it, by any accumulation of air, either in the pleura or in the stomach. The case was of a low putrid character, and I remember suggesting it as a matter just possible, that there might have been a typhoid pneumatosis developed in the diseased lung; but I am sure that we were not able to establish the existence of such a condition on dissection. The case occurred a good many years ago.

In the second case, which was one of manifest typhus fever, the posterior portion of the right lung became solid or nearly so, while the anterior face of the organ preserved its vesicular respiration. Now we found that over this portion of the chest, that is, over the front of the thorax on the right side, the sound as compared with that over the opposite lung, was morbidly clear; it was true tympanitic clearness, not dulness, and it continued for three or four days, and gradually disappeared with the resolution of the posterior solidity: this case occurred in the Hospital last year, and was seen by Dr. Hudson himself. I confess I am quite at a loss to explain the nature or mode of production of this phenomenon. My friend, Dr. Lyons, mentions to me that in a case of asthenic pneumonia, occurring in a patient of intemperate habits, which we saw in consultation, the anterior superior part of the left lung presented for a couple of days a condition of morbid clearness, but subsequently became engaged in the general consolidation of the organ.

Dr. Lyons is disposed to regard the abnormal clearness which occurs in these cases, as the result of the increased pressure of the respiratory column of air in the still permeable portions of the pulmonary cells, which he considers, in certain cases, become from this cause expanded beyond their natural volume. His views are, that the inspired air presses with a certain force on the whole pulmonary surface, and that if a portion of this surface becomes impermeable to air, from solid deposit, occlusion of the tubes which forced it, or other cause, the remaining portion of the pulmonary tissue is acted on by the whole of the inspiratory force, before which it is thus made to expand; this portion of the lung may thus be considered to be in a condition of temporary emphysema, and so gives a correspondingly clear sound on percussion.

There is a circumstance in connection with the resolution of these typhoid or typhous diseases of the lung, different from what is commonly observed in sthenic pneumonia. You know that the true inflammatory hepatization rarely disappears in a sudden manner. It subsides gradually, and the transition-state between dulness and clearness on percussion is generally marked by the "crepitus redux." In the cases before us, however, and especially where the disease is secondary to typhus fever, the resolution, as I have before stated to you, is often singularly rapid, and is often unattended by the crepitus of resolution. If then, you consider the state of solidification simply, we find it on the one hand, to form without the crepitus of the first stage of pneumonia, and on the other, to disappear rapidly, and without the râle of resolution. Thus we are permitted, as it were, to witness the silent and spontaneous development and retrocession of one of the secondary diseases of typhus.

This change from the state of consolidation to that of permeability to air, this rapid change, unattended by the crepitus and resolution, probably shows that the real disease was one unconnected with inflammation, either as a primary or a reactive condition.

You will remember that I suggested to you that some of the cases which have been described as typhoid pneumonia, might be held as examples of an aborted typhus. These were characterized by early consolidation, early disappearance of the typhus state, and a rapid, and often spontaneous subsidence of the local disease. I cannot help thinking that between such cases, and those in which the general disease runs its usual course, there is another class, or category of cases in which the progress of the merely pulmonary disease is marked, more or less, by signs of irritation or inflammation of the lung, which inflammation or irritation is either reactive or specific, or both reactive and specific. And I apprehend that these cases which, as it were, float between the aborted and the perfect typhus, are much more numerous than might be supposed; and in such instances, the case is often treated throughout, without a suspicion of its being really an example of typhous disease having been entertained.

What has been now said, should impress on your minds that rule in practice which I have so often urged upon you, namely, that the rules of diagnosis of local inflammatory disease which are good in ordinary cases, lose their value in a great measure when the patient has typhus fever. This was long ago proved by the researches of Louis on the condition of the brain in fever, and it was the non-recognition of this fact which constituted one of the greatest errors in the system of Broussais. I have told you, that if you gained nothing during the session but the knowledge and full appreciation of this great principle, your time would have been well spent. How many cases have we not had of headache, delirium, watchfulness, or its opposite, coma,—yet without encephalitis; and so it is with the remaining cavities—symptoms of functional alteration are met with in connexion with the cerebral, pulmonary, circulating, and digestive systems in fever. They may or may not be attended by organic change, and that organic change, when it does exist, is not necessarily inflammation; and we cannot, I believe, lay down any satisfactory rule of diagnosis which would show, that in one case of local functional disturbance there was organic change, and in another that there was not. But this much we do know, that those groups of symptoms which are diagnostic of local inflammation in a case which is not fever, cease to be so when they occur in a case of typhus. Let this principle be ever present to your minds, for it is impossible to exaggerate its value. Long ago it was acted on empirically by the best physician, who refused to adopt antiphlogistic measures in treating the local symptoms in typhus, and who employed stimulants, irrespective of them, when the general condition seemed to demand such treatment. It now comes before you as the result of an extended and accurate pathological investigation, and the study of the pulmonary phenomena, as we have seen, enables us to go a step further, and to declare that not only are the symptoms of local irritation doubtful or illusive; but that even the physical signs of a pneumonia, when occurring in a case of typhus, are not to be taken as proof that a local inflammation has occurred.

If these things be true so far as our typhus is concerned, it would appear probable, that in other acute diseases, under the influence of a law of periodicity, and, perhaps, in many that arise from the operation of an introduced poison, the same circumstances may be found, so that we might apply to a much larger circle of disease those principles as to the secondary local affections, which appear applicable to typhus fever.—*Virginia Med. & Surg. Journal.*

CANCRUM ORIS.—Dr. Ely reported a case of this disease to the Providence Medical Association, "which occurred in a child of three years. When first seen, the child had the typhus fever. After ten days it began to improve, and on the fourteenth day was attacked with pneumonia, attended with diarrhœa of greenish matter. Under the use of ipecac, liquor potassæ, &c., it recruited again, and was convalescent on the 20th. At this time a *slight* ulceration was discovered on the mucous membrane over one of the lower incisors, but it did not attract much notice. Being called again, a week after, he found a tooth had fallen out, and cancrum oris was manifestly present. Quinia and other tonics were given, aud the strong nitric acid was applied to the ulcers, three mornings in succession. No benefit followed, and on the fourth morning a dark spot, the size of a dime, was found on the external surface of the cheek. This continued to extend, to the diameter of perhaps three inches, when the child died. Dr. E. believes no mercurials were given in this case; if *any*, not more than one grain of hydrarg, cum creta. Of six cases of spontaneous cancrum oris, noticed by Dr. West, two occurred after typhoid fever, and two after measles; five of the six proved fatal. Of twenty cases reported by Rilliet and Barthez, twenty proved fatal. Twelve out of twenty cases collected by them occurred after measles."—*Boston Medical and Surgical Journal.*

DR. OLIVER WENDELL HOLMES ON SPECIALTIES.

At the late annual dinner of the Massachusetts Medical Society, Dr. Holmes, after responding most happily to a toast, in which the famous *nihil tetigit*, Johnson wrote of Goldsmith,—the expressive line "to which, Holmes said, he had for the time blushed in listening"—was applied to himself, the eminent poet-physician continued :—

"We have need of every humanizing influence, of every form of culture, to lend grace and dignity to our position. We are assailed as we never were before. Journalists are running their setons through our necks, and keeping every sore spot open with their daily epispastics, sprinkled with the cantharides of their "machine-spread blistering plasters." Legislatures are debating whether to build costly hot-houses to force a growth of mushrooms,—no, of toadstools,—into existence* among the roots of the bread tree, which so many centuries have nourished with the life-blood of true-hearted and sound-minded men. The so-called "Reformer," whose incisors, like those of the rodentia, grow into his own flesh so soon as he finds nothing hard to gnaw upon, is mumbling at our unguarded extremities.

And in the meantime, we must not disguise it from ourselves, that causes are at work, within as from without, that may well occasion thought on the part of those who are anxious that the profession should maintain its high standing. Medical practice is breaking up into *specialties*—that make men skilful and narrow-minded- The Egyptians had their specialists for each organ, and the indications are unequivocal of a return towards the state of primitive Egyptian—culture. I do not say that it is not better for mankind, that our art should be thus sub-divided, but it is full of danger to the social and intellectual standing of the profession. It is now six years, I think, since, in a written introductory lecture, I distinctly pointed out to my class the course which medical practice was shaping for itself. Every succeeding year has confirmed what I then said. The path to *glory* (?) in medicine, now leads through the—mucous membranes. Each of these slippery highways is invaded by its exclusive manipulator. One man passes his days in cauterizing throats and swabbing out bronchial passages. Another explores the narrow track from the fossa navicularis to the vera montanum, and there lives and moves and has his being. Another mainly studies science through the valves of a speculum.

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* Bills to incorporate and endow a Thompsonian College, and an Homœopathic Hospital, passed the lower house of the Massachusetts legislature, among the other disgraceful acts of its last session.—[Ed.

Another selects a still humbler sphere and holds divided empire with the ascaris! *

This subdivision of labour ends in most cases in the production of at least one cheap and perfect article; namely, a piece of human machinery, capable of doing one thing well, and good for little else in many cases, stiffened, cramped, anchylosed in all the intellectual joints that give freedom and power to manhood. *Now there is nothing that can rescue the profession, engaged in such a track, from degredation to the rank of the mere mechanical arts, but a high standard of education and accomplishments.*

There is something else besides the skilful hand, and the brain filled with the minute detail of some specialty, necessary to bring the physician into healthy and dignified relations with the intelligence of a wide awake community like ours. We want men whom we can point out to the world, and say: Look at them; and not men to place in a corner and say to our patients: Go, let them feel of you! Depend upon it, if our general culture does not, in some degree, keep pace with that of our enlightened clients, we shall become "servants," as old Wiseman used to call his own professional assistants; valets of the sick man, and fit companions of the flunkies that comb and brush him in health. And so, at last, the small specialist, pedicure or anicure, will do his small service, and be shown out the back door, as their predecessors, the Egyptian craftsmen, when they had performed their office of making the necessary incisions for the embalmer, were driven from the house with their fee in their pockets, and such convenient missles flying about their heads as the friends could lay hands on.

I have pointed out a danger, but not without suggesting a remedy. In a word, to keep our profession what it has been, worthy of such an eulogy as Pope bestowed on it, fit calling for such men as Haller, as Arbuthnot, as Abercrombie, as our professional brother† now languishing in illness, which he charms at once with philosophy and song —we must give it every attraction which large aims and liberal culture can add to its inherent usefulness, so that we may call to it that noble class of minds out of which alone the time heroes of our divine science can be moulded.—*Virginia Med. and Surg. Journal.*

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* The journals of Boston teem with announcements, by "regular" physicians, of their special devotion to diseases of the eye, ear, skin, genito-urinary system, "organs of reproduction," etc. Hospital physicians and surgeons whose names are known throughout the land, are not ashamed to solicit notice to the fact that they "pay special attention" to pulmonic affections, female diseases, the removal of outgrowths and tumours."

† Dr. Elisha Bartlett, who has since died.—[Ed.

DR. JACKSON'S LETTERS.

[We have been so much struck with the beauty of expression, simplicity and truthfulness of Dr. Jackson's lately-published "Letters to a young Physician," that we cannot expect to gratify the readers of the *Journal* more than by giving a series of extracts from it, embracing those parts which we conceive to be the most interesting and important for the generality of the Profession. The extracts will be continued from month to month, until the best and most instructive morsels of the book have been exhausted.—Ed.]

Ours is said to be a liberal profession. This is often said, with some vague notions of its dignity, by those who are not aware why it has been called so. It has been customary, you know, for those, who designed to acquire a knowledge of any mechanic art, to be bound as apprentices to some master-workman. Now, an apprentice is a servant, though he may not be a menial servant. He works for his master's benefit, and at his master's bidding. It was the case formerly, and I believe it is so at the present day, in our fatherland, and in Europe generally, that common surgeons and apothecaries learned their arts in the same way. But it was never so as to physicians. They did not pursue their studies under bonds, but like clergymen and lawyers, as freemen. Hence the profession of these three descriptions of men have been called liberal. At present, you know, physicians and surgeons take the same rank, or nearly so, in England, and altogether so in this country. Indeed, with very rare exceptions, the two professions are not distinct among us.

I have been led into these remarks because I think that some members of our profession have called it liberal, with false notions on the subject. They have thought not only that they differed from artisans, but they have seemed almost to believe that they were not practising an art. They have seemed to regard themselves as professors of a science, by which they could explain all the causes of diseases, and the true modes of treating them. I rejoice to say that, in some instances, this is true; and it is among the most delightful parts of our business when we can instruct an enlightened man in the principles which should guide him in the attainment of health. It is not often, however, that we can have this pleasure, for two reasons: First, because many principles, on which we act, are not established on certain ground; and therefore they must be followed with great caution and constant watchfulness. Second, because there are few principles which are universal in their application. In its application every principle is subject to the limitation of other principles. We are not, then, acting on so grand a scale, always guided by well-settled principles of science; we are often glad of the most limited empirical knowledge, and often obliged to choose our course under much doubt. These difficulties are great; but they are not greater than those attending the application of principles to practice in many common affairs of life, where the circumstances are complicated. There is a marked resemblance, in certain fundamental points, between our art and the arts of agriculture and navigation. In the practice of each of these arts we avail ourselves of the laws of nature to produce certain results. The seaman places his machine — his ship — upon the waters, and avails himself of the winds to propel it. These winds are uncertain; they are not, in any way, subject to his control, so that he cannot be sure as to the duration, the comfort, nor even the safety of his voyage. He cannot furnish a pupil with positive rules, by which to conduct his bark across the Atlantic. The captain must have first a knowledge of the principles of navigation; but this is not enough. In applying them he must have regard to the qualities of his ship, to the strength of his crew, and to the constantly varying circumstances of the weather. The complexity here is much less than that attending the treatment of a disease; for in this we have to do with a living being. It is not strange, then, that the physician cannot always foretell the length or the amount of suffering of a disease, or the ultimate issue of it. All this is consistent with the wisest management on the part of the navigator, or that of the physician. It is much the same with the agriculturist. He may prepare his ground with the most appropriate manures, and give to it the nicest tilth; he may sow his seed at the proper season; and yet his expectations as to the harvest may be entirely disappointed. Not only may the weather be unpropitious, but, at the moment when the skies and the winds are favorable, and when success seems certain, some insect army may suddenly invade his fields and destroy his crop. Thus there is an uncertainty in dealing with the powers of nature which are most constant; for there is a good degree of constancy in the results of agriculture — so much that we are rarely disappointed in relying on it for the sustenance of man and beast. Yet, from year to year, there is a variation in its results; and, sometimes, the crops fail, in particular regions, almost entirely. Is it, then, surprising that there is much uncertainty in the success of the medical art; an art which has to do with a diseased body, and whose end is to bring back this body to the healthy functions which belong to it? More especially can this uncertainty be surprising, when this diseased body has been previously damaged, or enfeebled by a long course of errors or misfortunes? While, then, we acknowledge the imperfection of our art, we must deny that this is a proper subject of reproach. It is so, indeed, as applied to those who profess to have a system, by which they can explain everything and effect everything you may desire. But it certainly is not so when applied to those who pursue an expectant, or an active treatment, as circumstances may make proper; and who exercise modesty and discretion, as well as decision, in the practice of their art.

I am very desirous to place this matter in what appears to me its proper light. Those, who are disposed to think ill of our profession, may ask how we justify the use of powerful and dangerous drugs, while we acknowledge the uncertainty of their effects. The evils, they say, are certain; the benefits, uncertain. This is true; and the question implies a grave objection to the careless use of such drugs. The objection, however, is to the abuse of them. They should not be used without grave consideration. But the physician, who knows all the risks attending the use of powerful remedies, may also know within what limits they are safe; and likewise may know that the danger attending his patient's case is much greater, than that of the remedy. Now, I contend that this is true in regard to men well educated, instructed in good principles, and endowed with sound discretion.

It is my own practice to avoid drugs as much as possible; and I more frequently find it difficult to persuade people to abstain from using them, than to induce them to take them. But I hope that you will not believe me to be distrustful of the power of drugs to do real service to the sick, under proper circumstances. I am far otherwise. And, in reference to this point, I wish to tell you that your success in the use of medicines may depend somewhat on the temper with which you give them. You must be hopeful and feel an interest in them. Do not, like a cold step-father, leave them to make their own way in the world; but watch them in their course. You cannot make a fire burn well if you put the wood on the andirons with a feeling of indifference. You must study to know the power of the drug you prescribe, the proper dose, and the tests of a sufficient dose, the mode of preparation of the medicine, and then of the patient for the medicine, and all the management requisite for a good result. Do not be in a hurry to give credit to your prescription, as soon as the patient shows any sign of amendment, nor be discouraged if relief do not follow as soon as you had anticipated. In this last case see if there has not been some error in the management of the affair, or if some counteracting cause has not interfered. Do not despair because the medicine has failed on your first trial of it. Try it again before you condemn what has been recommended as beneficial by one well qualified to form a judgment on it. I have wandered from my point.

It is a very narrow and unjust view of the practice of medicine, to suppose it to consist altogether in the use of powerful drugs, or of drugs of any kind. Far from it. It is true that the common question addressed to the physician by the patient is, *What shall I take?* That question implies that there is a drug adapted to every disease. But the enlightened physician first considers whether the patient shall take anything. He considers what other modes of relief there are besides pills and draughts. He looks to diet and regimen. To these points I shall have frequent occasion to refer.

Let it be remembered,—and we may address this particularly to the scoffer,—that the true physician takes care of his patient without claiming to control the disease in all cases. He does not regard himself as making an exhibition before a company to show his skill; he makes no boast of what he can do. I wish I could say that this is never done by any of our profession. There are those who, directly or indirectly, trumpet forth their skill and their success, attributing the recovery of their patients to the remedies they have prescribed, and never to the spontaneous efforts of nature. These, whatever titles may be appended to their names, are true quacks. They *quack! quack!* that they may attract the attention of the passers-by; and, while they extol their remedies for the sick and the suffering, they are seeking only their own profit and their own glory. The true physician, on the other hand, cannot fail to be modest in his pretensions; for he is aware how his knowledge and power are limited, while he feels the magnitude of his task. Is it his business to cure all his patients? It is so, if he can do it, even in the sense now attached to the word *cure*. But, in the original sense of it, he should cure all; for in that sense to cure meant to take care. The priest had the parish for his cure, the physician the sick for his. In this sense the sick were under his cure till they got well or died, if they were willing to remain so. The physician may do very much for the welfare of the sick, more than others can do, although he does not, even in the major part of cases, undertake to control and overcome the disease by art. It was with these views that I never reported any patients *cured* at our hospital. Those who recovered their health before they left the house were reported as *well*, not implying that they were made so by the active treatment they had received there. But it was to be understood that all patients received in that house were to be cured, that is, taken care of.

I have sometimes had patients say I was not doing anything for them, because I had not ordered any medicine to be taken. It may be that the patient in such a case thinks that no medicine will remove the disease, and is right in his opinion; yet, something is to be done, but not by medicine. By diet and regimen much may be done to mitigate suffering and prolong life. In all cases, in the worst, there is one course more prudent than another. If the ship is running on to the shore, or is even breaking up on the rocks, there may be one course better than another in the management of affairs. In the worst peril, when you must leave the bark to which you had trusted yourself, in whose guidance would you place most confidence? Would you leave yourself to the mercy of the waves? Would you trust an ordinary sailor because he bawled the loudest? Or would you follow the vice of the experienced ship-master?

Ours, I said, is a liberal profession. While studying the sciences, which qualify you to practise the art of medicine, while deciding what rules of art you will adopt, you have not been found to follow any man as a guide; you have not promised fealty to an intellectual master. If you have been as wise as I think you have, you have weighed the characters of your teachers, dead and living, and judged for yourself, in regard to each of them, how far you might rely on him for accuracy and honesty in stating facts and observations, and for philosophical accuracy in the inferences to be drawn from them. You are bound as by an oath, though you have never held up your hand before man, to use your best judgment in the treatment of those who are committed to your care. You are bound to consult the best teachers, but not to follow the orders of any individual among them.—*pp.* 9–18.

ON INFANTILE PARALYSIS.

BY WM. ADAMS.

Whether paralysis of particular muscles or limbs, independent of traumatic lesion, is ever congenital, Mr. Adams considers to be at least doubtful. The cases related of limbs remaining flaccid and useless in infants born asphyxiated, after difficult and instrumental labors, and of facial paralysis usually of one side, and sometimes accompanied with loss of power in the corresponding arm, &c., which had in some instances been satisfactorily traced to traumatic lesion—cannot be admitted as examples of the affection described. Infantile paralysis usually occurs between the ages of six and eighteen months, generally during difficult dentition, and often preceded by fits or convulsions. It may, however, occur at earlier, or at later periods. In one of Mr. Adams's cases, it occurred at the age of five years; and both arms, as well as both legs, were paralyzed. It is said frequently to happen without any convulsive disorder, and when the children are in robust health. Mr. Adams, however, considers that in many of these cases the children had fits, which passed away unnoticed in the night; and careful inquiry had convinced him that in most cases the children were at the time suffering from a slight febrile condition. Many children, apparently in good health, became heated and feverish during the night; the skin, especially of the face, being hot and burning, and the head freely perspiring. Paralysis in children may result from intestinal irritation caused by worms, indigestible food, &c. The cause may be either centric or eccentric irritation. It not unfrequently follows marked febrile disorders, especially measles and hooping-cough. It is the author's opinion that where many muscles or entire limbs are affected, and where paralysis is persistent, it depends upon structural lesion of the nervous centres, brain or spinal cord; that in similar cases, in which the paralysis is transient, it depends upon congestion of the nervous centres, sometimes accompanied with effusion, which afterwards becomes absorbed; and that where single muscles, or a group of associated muscles, are affected, it depends upon some local failure of nutrition in the nerves supplying the muscles, under a general, though perhaps slight, febrile condition. M. Bouchut describes this affection under the title of "myogenic or essential paralysis" ("Practical Treatise on the Diseases of Children," translated by Mr. P. H. Bird); and admits, as a cause, lesion of the nervous centres and cords only in those cases which succeed febrile convulsions. The other cases he groups in two classes, viz: those accompanied with pain in the affected limb, and those following convulsions without febrile excitement; and in these he considers the cause to be primarily and essentially an alteration of the elementary tissue of the substance of the muscles. The nature of the affection in these cases he regards as "entirely rheumatic," and traces it as a frequent result of exposure to cold. Mr. Adams has not seen any cases accompanied with pain; but, upon the ground of deficient evidence, he doubts the rheumatic character of the affection under any circumstances, and regards it as probable that the children who, in restless nights, throw off the bed-clothes, are frequently suffering from febrile or eccentric irritation. No evidence is given of alteration in the elementary structure of the muscles in the early stages; and Mr. Adams considers the myogenic theory to be advanced without sufficient evidence. M. Bouchut states that the development of the paralysis is usually slow. It is the author's experience, it had always been sudden; and it is considered that, in the cases of supposed slow development, the consecutive phenomena —contraction and atrophy—had taken place. In these cases, the limb is often said to get weaker; when it occurs in the leg, the lameness increases, but this is due to the supervention of contraction, and not to any increase of the paralytic affection, which, indeed, is not unfrequently improving. M. Bouchut observes that, "whether at the beginning or at the end of the myogenic paralysis, sensation remains quite perfect." In this the author entirely concurs. Mr. Adams has also noticed that there does not appear to be any disposition, in the paralyzed muscles to become rigid, as in cases of adult paralysis recently noticed more particularly by Dr. Todd. The muscles either remain flaccid throughout life, or, by the spontaneous disappearance of the paralysis, they are restored to a healthy condition; or complete recovery is arrested, and the muscles remain partially paralyzed through life. This latter is believed to be the most frequent termination; the complete recovery second; and the persistent flaccid condition third, in relative frequency. The paralysis most commonly affects some of the muscles of one leg; very frequently the leg and arm of the same side; occasionally both legs; and very rarely both legs and both arms. When single muscles are affected, the most frequent to suffer are—1, the extensor longus digitorum of the toes; 2, the tibialis anticus; 3, the deltoid; 4, the sterno-mastoid. When particular groups of muscles are affected, the most frequent to suffer are—1, those on the anterior part of the leg, forming the extensors of the toes and flexors of the foot; 2, the extensors and supinators of the hand, always together; 3, the extensors of the leg, and with them generally the muscles of the foot in the first class. At the time of seizure, the author is unable to say whether any other muscles were affected; but if so, they completely recovered, as in the last stage the cases presented well-marked examples of paralysis of single muscles or groups of muscles. Sir B. Brodie lately mentioned to the author a case brought to him in which the muscles of deglutition were paralyzed in a child. The attempts to swallow were very painful to witness. He did not know the result, but death from starvation probably took place. In the Royal Orthopoedic Hospital, where these cases apply in considerable numbers, no case had been seen in which the muscles of the hip-joint were involved. Some patients, in whom both legs were affected, the rectus and other muscles of the thighs, as well as those of the legs being paralyzed, have never walked at all; but the existence of power in the muscles of the hip-joints, enables us to make these patients walk, by mechanically fixing the knee and ankle-joints, with considerable freedom. This affection exhibits a strong tendency towards spontaneous cure. In some cases, the paralysis completely disappears, even when entire limbs are involved; but in reference to severe cases, Mr. Adams believes with Sir B. Brodie, that unless recovery takes place within a few months, the paralysis is generally persistent through life. In slight and moderately severe cases, the rule is, that either complete recovery or very great improvement takes place; and this frequently several years after the seizure. Numerous cases are seen at the Orthopoedic Hospital in all stages of spontaneous recovery. The second stage is marked by deformity, produced by adapted atrophy of certain muscles, determined by paralysis of the opponent muscles and position of the part, as seen in the commonest form—elevation of the heel. The author advises the removal of the contraction in the lower extremities by division of the tendons, whenever it interferes with the motions of the joints necessary to progression and the erect positon. Loss of power can be subsequently compensated for to a great extent by mechanical means, the joints being either rendered available in progression, or fixed. Infantile paralysis lays the foundation of a very large proportion of all the non-congenital deformities, itself being frequently only a transient condition. If the mode of production of these deformities were rightly understood, their prevention would be easy. Passive muscular exercises, according to the circumstances of the case, and properly adapted mechanical supports, are the preventive measures indicated. In the medical treatment, gentle mercurials for a few months after the seizure are recommended, if not injurious to the general health, but, beyond this period, any internal remedies, except those calculated to improve the general health, are of little use. Febrile irritation must be allayed; and in difficult dentition the gums may be lanced. Although this cannot remove the mischief, it may contribute to this end, and diminish its effects. Mr. Adams has not seen benefit from blisters or other counter-irritants, though he had used them. He prefers shampooing, galvanism, warm clothing, sea-bathing, and passive exercises, as likely to aid the vigorous and frequently successful efforts made by nature. The hæmospastic apparatus invented by Dr. Junod was very useful in maintaining a natural temperature in the paralytic extremities. To some extent the apparatus had been useful in keeping a good supply of blood in the muscles, and preventing atrophy.—*Ranking's Abstract.*

TREATMENT OF SCIATICA.

BY PEYTON BLAKISTON, F. R. S.

Dr. Blakiston has pursued the following treatment for twenty years with considerable success. He first saw it adopted in Paris in 1833: A blister, about the size of a crown-piece, is placed over the chief seat of pain, which is usually the flattened part of the buttock. After it has risen well, and the cuticle has been throughly removed, the raw surface is sprinkled with a powder, consisting of one grain of acetate of morphia on an average, and a little white sugar. This dressing is repeated for six successive days, the surface of the blister being kept in a raw state, if requisite, by cantharides or savine cerate, or else by Albuspeyeres' plaster. This suffices for a very mild case; but in severe cases of old standing, the pain will now be found to have left its original seat, and to have seized on the knee of the affected side. The same treatment is then applied to the ham; and after six dressings, the pain will have generally disappeared, and the patient will rapidly recover. By this mode of treatment, eighty-three cases of uncomplicated sciatica have been cured, without a failure having come to the knowledge of the writer. This number might have been greatly augmented had it included the results arrived at by such of his friends and former pupils as had employed it at his suggestion, and which have been no less successful than those which occurred in his practice; but he is desirous of recording such only as have come under his own immediate notice, and for the accuracy of which he consequently can hold himself responsible. In the great majority of these cases no other drug was administered; but in a few, some laxative medicine or injection was given to remove constipation. In two or three cases, there was a tendency to double sciatica, and then the pain passed from the sciatic region first treated to that of the opposite side, and from thence down to the knee of this last side, but never attacked the knee of the side first affected. It is right to mention, that in hospital practice three cases were placed under the writer's care, which he considered more than doubtful, and they were therefore treated under protest, so to speak. They all turned out cases of hip disease, and therefore they are not included in those above enumerated. The difference in the sensations felt by the patients on the first application of the morphia was remarkable; and without any attempt to generalise, it may be stated that a close connexion was observed between the sensations felt and the previous state of health. Thus the effect produced on three persons in robust health—a blacksmith, a gamekeeper, and a lady—was most intense; an extraordinary thrilling was felt over the whole body, particularly at the extremities, with great nausea, and a tendency to faint. The lady vomited incessantly for twelve hours, so that it was found advisable to reduce the quantity of morphia in the powders to half a grain. On the other hand, a gentleman, who had been much reduced by overwork and by long suffering, felt no effect whatever from the application of the powders, and yet he recovered in an equally short time with the others. A lady, also, who had been taking considerable doses of opium, hardly felt the application of morphia until it was increased to two grains; but this case has been excluded, because, although the sciatica was removed by the treatment, there remained an incurable disease, which eventually destroyed her. One lady, aged 26, in whom the disease was not of long standing, obstinately refused to have a second powder applied; but happily the one application sufficed to effect a cure. In six cases the disease recurred after an interval of from five to eighteen months; and in two of these it recurred twice; but each attack was less severe than the one which preceded it and yielded readily to the same treatment. It is possible, however, that relapses might have more frequently taken place without having come under the notice of the writer; but he thinks this cannot have happened very often. Some other forms of neuralgia were also benefited by this mode of treatment. Thus a very distressing case of neuralgia of the scalp yielded at once; and shooting pains, which frequently accompany cancer of the stomach, were sometimes much relieved by it.—*Med. Times and Gaz., in Dublin Med. Press.*

PROF. CHAPMAN.—Harper's Magazine has gathered some of the best of the witticisms of Chapman, but we do not recollect to have seen in print any report, of the conversation between him and the veteran Dr. Francis, of New York. Dr. F. was saying that maternal serpents would swallow their young on the approach of danger, and stated that he had himself seen a brood of seven infantile black snakes disappear down the throat of the mother for protection, when alarmed.

"I think," said Chapman, "that that is a very large dose of Serpentaria!"

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, NOVEMBER, 1855.

We must ask the forbearance of our readers, and especially of those who were kind enough to furnish us with original articles, for the unavoidable imperfection of the last number of the Journal. Both of the editors were engaged in *moving*, while the sheets were passing through the press, and so some mistakes managed to pass uncorrected. In Dr. Chandlers article, page 295, line 3rd, read *might* for *night*; line 6th, read *vulnerable* for *valuable*. Other mistakes our readers will please correct in reading, as they are merely orthographical. *

THE CAUSE AND PREVENTION OF YELLOW FEVER. BY E. H. BARTON, A. M. A. D., &c. *Published by Lindsay & Blakiston, Philadelphia. pp.* 282.

This is a republication in book form of Dr. Barton's paper, which constituted the largest part of the "Report of the Sanitory Commission of New Orleans," together with a supplement consisting of a "Report read to the Academy of Sciences, New Orleans, in defence and explanation of the report of the Sanitory Commission to the City Councils."

Altogether it is the most elaborate, learned and complete exposition of the different circumstances which are to be considered as influencing this disease, and which are to be regarded in connection with great questions of its cause and prevention, that we have ever seen.

THE PHYSICIANS VISITING LIST, DIARY, AND BOOK OF ENGAGEMENTS FOR 1856. *Published by Lindsay & Blakiston, Philadelphia.*

No Physician who has the desire to do business in order, can afford to be without this book; it contains blank spaces for every sort of memoranda which a Physician in active practice can possibly want to make. Past use has made it quite indispensable to us.

THE DISEASES OF THE HEART AND THE AROTA. BY WM. STOKES, *Regius Professor of Physic in the University of Dublin ; author of " The Treatment and Diagnosis of the Diseases of the Chest," etc. Philadelphia, Lindsay & Blakiston,* 1855. *pp.* 710.

This comprehensive treatise upon the diseases of the heart, is the production of that distinguished scholar and accomplished teacher, whose lectures upon Fever have been, for some time, in course of publication in the *Journal.* It compares very favorably with the books upon the same subject by Hope, Williams, Latham and Walshe ; and indeed, our author has in many places introduced quotations from each of those writers. The large experience of Dr. Stokes, extending as it does over a period of more than a quarter of a century, together with his well known habits of careful and acute observation, are an ample guaranty of the reliability of whatever he states as fact. Nor does he, by the advocacy of any new doctrine, give just cause for distrust of the accuracy of any of his statements.

Without pretending to enter upon a detailed *critique* of this book, we may with propriety, state its leading features, and suggest such improvements as we think might with advantage be made in it.

CHAP. I. *Inflammation of the Heart and its Membranes.* This chapter treats of endocarditis, myocarditis and pericarditis. Upon the subject of pericarditis, Dr. Stokes remarks the erroneous idea usually held of that complaint, arising from the fact that only its severer forms are generally described in books ; and this observation, we think, applies to the descriptions of most acute disorders, as given in works upon the Practice.

CHAP. II. *Diseases of the valves of the Heart.* We think this chapter the worst written in the book. For a subject which demands the greatest perspicuity, there is too much confusion of details and obliquity of expression. Yet, if read with care, by one who is acquainted beforehand with all the essential points of departure for computing valvular disease, it cannot fail to be profitable and interesting.

CHAP. III. *Disease of the muscular structures of the Heart.*

CHAP. IV. *Weakness, or deficient muscular power of the Heart.*

CHAP. V. *Fatty degeneration of the Heart.*

This chapter embraces a discussion of an extremely interesting topic, and one which has, of late years, attracted much attention from students of Pathology. It contains all that is essential to a practical understanding of the subject, as explained in the works of Hasse, Gluge, Quain, Rokitansky and others.

CHAP. VI. *Treatment of organic diseases of the Heart.*

CHAP. VII. *On the condition of the Heart in Typhus fever.*

The heart after death from Typhus, has been observed to be *softened*, and Louis believed that the change was confined to the left side of the Heart. Dr. Stokes, however, has established that the whole organ may be softened, and occasionally is so, but that the left ventricle is first and most prominently engaged. He remarks, in this connection, that he believes there is no distinction between the Typhus and Typhoid fevers — at least in Great Britain. That there is a marked difference in this country, none of us doubt.

CHAP. VIII. *Displacement of the Heart.*

CHAP. IX. *Rupture of the Heart.*

CHAP. X. *Deranged action of the Heart.* Under this head, angina pectoris, neuralgia, palpitation, ephemeral murmurs, &c., are treated of. We have read the account of angina pectoris, that opprobrium of medicine, with great care, but are forced to acknowledge that as regards treatment, we are as much at a loss as we were before. Our author is of opinion that the disease seldom occurs, except in connection with some form of organic disease of the heart.

CHAP. XI. *Aneurism of the Thoracic aorta.*

CHAP. XII. *Aneurism of the Abdominal aorta.*

From this abstract of the contents of the book, the value of it can perhaps be judged. We decidedly prefer it to either of the other standard works upon the Heart.

This of the *materies* of Dr. Stokes' Treatise; but of the *opus*, we cannot speak so favorably. Its style is prolix and verbose, and indeed we think this a very common fault of medical books. It results from this that violations of perspicuity, of unity, and of strength are numerous. We conceive that a simple, straight-forward, uninvolved style is attainable by any writer, and he who neglects to cultivate it in his writings, exhibits a carelessness at once unfortunate and reprehensible. *

ATLANTA MEDICAL AND SURGICAL JOURNAL, EDITED BY JOSEPH P. LOGAN, M. D., *Professor of Physiology and General Pathology*, AND W. F. WESTMORELAND, M. D., *Professor of the Principles and Practice of Surgery.*

We have received the September number of this new Journal, and we welcome it to our table. It is published at Atlanta, Ga., and is to appear in a monthly issue. The first number gives promise of usefulness and interest, containing several original papers, with a judicious selection of miscellaneous pieces. *

THE TRANSACTIONS OF THE BELMONT MEDICAL SOCIETY, FOR 1854–5. *Bridgeport, Ohio.*

We have not yet had time to examine this apparently interesting pamphlet, so thoroughly as we mean to examine it, but from a perusal of the "*Report on Quackery,*" and of a part of Dr. Updegraff's address, we feel at liberty to recommend it to the Profession as a creditable performance. *

We have received the circular of the VERMONT MEDICAL COLLEGE, located at Woodstock, and a catalogue of DARTMOUTH COLLEGE, containing the report of the N. H. Medical Institution; both of these schools seem to be in a flourishing condition. *

EPILEPSY.—Trousseau considers that he has permanently cured twenty epileptics, in one hundred and fifty cases, treated with belladonna. His mode of giving the remedy, as described in his clinical lectures at Hotel Dieu, is to make the pills of the extract and the powdered root of belladonna, aa 1-7th grain. A pill to be taken every night for the first month; two pills during the second month; three on the third month, and four during the fourth month. If at the end of twelve months the register shews a diminution of the seizure, the remedy may be persisted in, with great hopes of a perfect recovery in from two to four years. The dose should not be increased, after the physiological action of the remedy is manifested.

TYPHOID FEVER.—Dr. Shute of the Torbay Infirmary, treated during the year 1854, forty-eight cases of typhoid fever in that institution, losing but one patient. His treatment as recorded in the Medical Times and Gazette, was to use brandy and quinine freely, and sustain and nourish the patient. The doctrine of feeding fevers is becoming very generally approved of, and the success in the results of the treatment are encouraging.

On Ulceration of the Fraenum of the Tongue in Hooping Cough.—M. Gamberini tells us that he has looked for small ulcers in this position in all the cases of hooping-cough which have fallen under his care since 1844, and that he has generally succeeded in finding them, particularly in the more severe cases. The ulcers are seldom round, but they are usually elongated in a transverse direction, as if the frænum had been torn across. Sometimes the frænum is not implicated. The ulcers are never preceded by vesicles, but they begin as ulcers. The explanation which M. Gamberini has to offer is, that they are produced mechanically by the forcible protrusion of the tongue against the teeth; and he says, that where the teeth are irregular, and one tooth projects more than another, the ulcer is apt to correspond to the position of the projecting tooth. He says, also, that ulcers were not met with before the appearance of the teeth. M. Gamberini, however, has not been able to detect these ulcers in other cases of spasmodic cough.

The presence of these ulcers in hooping-cough has been previously noticed by two or three observers.—*Rankin's Abstract.*

Petit.—You are such a skilful anatomist, a patient once said to Petit, that you should be able to cure all diseases. That is true, replied the celebrated physician. Unhappily, my brethren and I resemble the errand boys of Paris, who know all the streets perfectly, but are ignorant of whyt is going on in the houses.

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THE

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SCARLET FEVER AND ITS TREATMENT.

By C. H. Cleaveland.

Nearly two years since, I penned a series of queries and negations in regard to the treatment of Scarlet Fever, with the avowed intention of "setting the profession to thinking," and lead to a more thorough investigation of the *principles* and *practice* adopted in this disease, hoping thereby, that some more definite information, and successful method would be presented, and made widely known.

My article, which extended but little over *three* pages of the Journal, having answered its purpose so far as to have led Dr. Webber to reply in a paper extending to six times the length of mine—as well as the republication of an admirable paper from Dr. Tweedy, it would have been unnecessary to continue the investigation had not Dr Webber fallen into some errors in regard to my article, and presented also, some opinions respecting treatment, which *I* should much regret to have carried out in practice.

He first objects to my use of the word *cure*, to which I gave the ordinary medical meaning, or as defined by Webster, "To subdue, remove, destroy, or to put an end to disease." The word *incurable*, as it is used by physicians, being the opposite, or negative of the word *cure*. We do not consider a disease *incurable* when the patient is so situated that he cannot be *taken care of*, but when the disease is of that nature that it cannot be stopped, subdued, removed or destroyed. One to whom I read Dr. Webber's explanation of the etymological signification of the word smiled *audibly* at the knowledge of the critic, and *he* said the radical sense was the same as "*to make strong*," or to *remove* that which caused the weakness. So long as physicians call diseases that are beyond the control of medicine *incurable*, so long I think they will find no difficulty in apprehending my use of the word cure; and particularly if, as was the case in the instance referred to, I define it as meaning "to put a stop to the change which has already commenced."

It might not be necessary to make this reference to the use of words, which the Doctor supposes may cause him to be considered "hypercritical," were it a solitary instance of his misunderstanding; but there seems to be something so terrible in the simple idea of examining into the philosophy of the treatment of Scarlet Fever, "as practiced by skilful physicians," that Dr. Webber has allowed himself to misunderstand several other important points, and to build men of straw out of the materials of his own brain, and then with due valor and might, he has essayed to destroy them.

After demonstrating the absurdity of my use of the word *cure*, to his entire satisfaction, he quotes me as having said that a physician "should confine his efforts to the endeavor to modify and control the activity of the different parts of the organism;" and follows the quotation by the query: "If then the physician can *modify*, and *control* this activity, has he not the power over the disease to the same extent?" What the word same refers to, is not quite clear; but if the idea intended to be conveyed is, that the disease is removed in all cases, in the proportion that the activity of the different parts of the organism is controlled, then has our philosopher greatly erred.

We know full well that if opium, in large doses, be introduced into the system, it will modify, and to a greater or less extent control the activity of the different parts of the organism. But if the health of that organism was invaded and lessened by the presence of many kinds of hurtful agencies, as by the presence of an acid, or by Arsenic in any of its forms; although the opium might prevent suffering, and answer other desirable purposes, still it would not "put a stop to the changes that have commenced," owing to the presence of the deleterious agent, and hence would not *cure* the disease; or in other words would not "subdue, destroy, remove, or put an end" to the morbid manifestations, which would continue to manifest themselves so long as the poison remained unchanged in the tissues, although the change might be modified by the influence of opium upon the system, and it might enable the patient to bear up under the irritation and pain caused by the poison, until it was changed or removed.

Our friendly reviewer asks, if the treatment so modifies the organs that they remain without destruction, until the poison is changed or removed from the system—as *I* suppose by the action of the system and its parts, and not by the treatment pursued by the physician—"is not this a cure in the *best*, though not in the fullest sense of the term?" Doubtless when the poison is destroyed, and the organs have recovered, a cure is effected, but we have not been accustomed to suppose that the physician or his medicines have wrought the cure in all these cases, but that in some instances the fortunate result has been in opposition to, and in spite of the vaunted cure.

After an attempted refutation of my reasoning, that inasmuch as the essential cause, or condition of Scarlet Fever—that which produced the phenomena of the disease—is a peculiar body taken into the blood of the patient, and which tends to reproduce itself out of the elements of the fluids of the body, the idea seems to be admitted as correct, and since the means necessary to put a stop to. change somewhat analagous in fluids out of the system, are known, the question is put, "Why then should we despair of finding, even if we have not yet found some method of preventing, or at least modifying, lessening, and shortening the real action of the poison producing the eruptive diseases? I certainly will not be done by sitting down in despair, and trying nothing of any *pertuibative* power, according to Dr. Cleveland's advice."

Softly, my dear Sir, I beg to say that I do not despair of finding, perhaps, *the* very thing that shall *cure*, destroy, or remove the essential cause of this disease, even as Quinia cures malaria, or as Iodide of Potassium removes Lead from the system. And far from despairing of having already found some methods of "modifying, lessening, and shortening the real action of the poison," as one might suppose from reading your article, I have not even yet bespoken the garments of sackcloth ere entering the vale of despond. On the contrary, as distinctly avowed, my short line was penned with the idea of endeavoring to find a *better* method than those already known, as well as to rejoice at what we are now enabled to do. No, no! my dear Sir! my face is still nearly as broad as it is long, and I am yet carrying for my motto, "*Nil desperandum,*" or in plain Saxon, "It will never do to give it up so." Not on *my* shield did that bolt fall, although I do confess to no great fondness for "perturbative power" in the treatment of sick children. The sagacious Sydenham, as quoted by Austin Flint, said of this disease, "that it is only dangerous through the officiousness of the doctor," and many since his time, have been led to suppose his sagacity had not entirely left him, when this remark was made.

But our writer says:—"The claims for *any* specific remedy, and the doctrine of its being useless to attempt any cure, may be summarily dismissed***and we must come down to what we really know, and may rationally infer, as to the nature and action of the disease and the treatment appropriate to it."

The first point of treatment objected to, is that of the skin; based on the assertion that "the skin itself seems by no means to be irritated by the contact of the air."

I do not know what kind of skins Dr. Webber's patients may have, but certainly they must differ much in their cuticular envelopes from ordinary mortals; or other members of the profession have greatly erred, and this discussion may serve to dispel the error.

Dr. Dunglison says of the skin:—"It is burning hot, tense, dry, and unusually sensible to the touch. The feet and hands are intensely red, and are swollen, stiff, and painful," and this in the mildest forms of scarlet fever.

All writers speak of one of the diagnostic symptoms of the disease, being a *hot, red* condition of the skin, the rash being caused by innumerable red spots running into each other, and causing the entire surface, according to Armstrong, to "resemble much the shell of a boiled Lobster." Eberle says:—"The heat of the skin is more intense, than in any other febrile affection." Currie found by actual measurement, that the heat rose as high as 108 degrees of Fahrenheit's scale, and Willan found it up even to 112 degrees. This extreme heat, irritability, and consequent death of the skin, led Dr. Schneeman of Hanover, to suppose he could put at least a partial stop to the inflammatory process by covering the surface of the entire body with an oily substance, that the oxygen of the atmosphere might act upon the *oil*, and not upon the tissues; in accordance with the same philosophy which governs the profession in ordering cod liver oil, for their consumptive patients, that the oil may be burned by the inhaled oxygen, and the lungs, and other organs preserved from its destructive influence. This method was first brought into notice in this country by a communication in the Boston Medical and Surgical Journal from the pen of Dr. Harvey Lindsley of Washington, in the spring of 1850. Dr. Paul F. Eve, of Georgia, and Dr. D. I. Cain, of South Carolina, having patients with thin and irritable skins, each made a trial of the method, much to their satisfaction. Dr. Cain said:—"Indeed, in one case, so great was the relief from the *parched heat*, afforded by the inunction, that the patient begged his father to rub him once or twice every night." "All expressed themselves as not being in the slightest degree incommoded by the heat of the skin, if the *intervals between the rubbings were not too long*. A happy effect was produced upon the skin; its temperature, after two days use of the *lard* or *sweet oil*, was very pleasant to the hand of the observer." The irritation of the skin, in these cases was kept down so low as that the other parts of the system suffered far less than is usual when the external extremities of the nerves are allowed to be acted upon by the atmospheric oxygen; for there was no "discharge from the ear, abscess, diarrhœa, dysentery or dropsical swelling."

Dr. Ebert, of Berlin, says of the twenty eight cases treated by him there was *no desquamation* of the cuticle—such was not the fact in Dr. Cain's cases, but in his it was so slight that it did not amount to more than a slight furfuraceous exfoliation. Dr. Webber cannot lay the flattering *unction* to his soul, that the good effects here detailed were the results of the *stimulating*, or *antiseptic* effects of Kreosote, for no fat *bacon* was used, and the preference was given to olive oil, over lard.

The importance of keeping down the irritation of the skin, which Dr. Webber at one time thinks is but slight, but at another time may demand an antiseptic—in the estimation of the learned Editor of the Charlestown Journal, may be inferred from the following remarks:

"The fat or oil seems to me to exert a *powerful* sedative influence, primarily on the cutaneous surface, relaxing its textures, opening its forces, and *subduing plogasis;* thus restoring the function to this important organ, the *interruption to which is in my humble opinion*, the source of the formidable *train of sequelæ, so often noticed*, such as congestion of the kidneys, accompanied by albuminous urine, and giving rise to dropsical collections; that of the bowels, causing diarrhœa, dysentery, &c.; the susceptibility to atmospheric vicissitudes, the formation of abscesses, &c. The secondary effect, is on the nervous system, allaying the high excitement induced in it by the cutaneous inflammation, &c."

Surely, if the talented Dr. Cain, editor of the Charlestown Medical Journal, has found the cutaneous irritation so great as to produce this formidable train of evils, and the allaying of that irritation, the means of avoiding them, then I may be pardoned for calling the attention of the profession to the fact, and recommending that the entire surface should be *frequently* wiped with a cloth moistened with pure warm water, or water with a little milk.

With the evident desire on the part of Dr. Webber to disagree with me to the utmost, he quotes the recommendation of many writers to use *cold* water, but says that it has been "thought by some that tepid water was even more efficacious, evaporation being allowed to take place;" but he adds:—"A free generous ablution however, is what is wanted, and not a mere wiping with a moistened cloth,"—putting the latter phrase in quotation marks, to convey the idea that it was the extent of *my* recommendation.

But *he* also proposes to add "Carb. of Potassa, or Ammonia, or Soda," to help remove any sebaceous or oily matter from the skin. He objects to the addition of the milk, because it would leave a deposite of oily matter on the skin, from which "no good is known to result." Perhaps not to him, for he has practised on "other views for the third part of a century," and the modern opinions, and observations on pathology, therapeutics, and chemistry may be "unknown" to him. As it is possible that the influence of the extreme irritation, and inflamed state of the skin may be unknown to others also, I beg leave to quote from Dr. Carpenter, and Dr. F. B. Porley of Pennsylvania, who have tried the value of inunctions as a means of subduing the irritation. In the transactions of the Medical Society of the State of Pennsylvania for 1853, page 105, Dr. Porley says:—"I have frequently seen the great heat of the skin, the itching and the restlessness of the patient subdued, as if by magic, by rubbing the whole surface of the body with warmed bacon. To get the full benefit of this remedy, the patient must be well *greased*, and if the symptoms return, it must be repeated *ad libitum*."

That I am not alone in viewing Scarlet Fever as a self-limiting disease, I suppose Dr. Webber will admit—although he may pity me for the *hopelessness* of the opinion—yet to me the fact that it *will* run its course if the system be properly sustained, and the morbid actions properly checked and controlled, until the desired change has occurred and the poison has been eliminated; and that the tissue most deeply affected lies at the surface, where we can so easily make direct applications to it, is far more productive of hope than despair. I would make soothing, cooling, gentle, but persistent application directly to the surface, such as philosophy, and experience teach are the surest protectors against the action of oxygen, and which will yet leave the pores duly open for the elimination of the *materies morbi.*

He on the contrary would relieve the irritation and inflammation of the skin by the use of *purgatives*, and purgatives will also, he says lessen the vital action of the system, so that the inflammation, and irritation which do not exist, (in his opinion) will be purged off with the morbid secretions, and the excessive health and strength of the patient! This treatment may have been the best known to some, a third of a century since, but the reasoning used to sustain it is not *quite* satisfactory in these modern times.

The Doctor seems fond of speaking of my "admissions" and "confessions." He says—"By his own confession, we have to oppose an acute inflammatory action." No, my dear sir, I make no such *admissions* or *confessions*. I make the *statement*, and am pleased to learn that after you have virtually denied it, *you* admit, and you *confess* that my statement is correct. You propose depressing agents, for the cure of this condition of the system, and ask, "Which is the most dangerous, the action of the unchecked disease in depressing the vital energy, or the depressing effect of the remedy used to check, and moderate the inflammation."

But I submit that this is not a fair statement of the proposition. I do not propose to let the disease continue unchecked, neither do I propose debilitation for counteracting inflammation. I do not choose either horn of the dilemma, and am willing to explain how you can avoid each. How I would sustain the system through the changes has already been stated, and now I will endeavor to show *why* I would not cure depression and debility, by the use of depressing and debilitating agents. I never had any faith in that mode of doing business. Homœopathy is not included in my medical creed. Allopathy has stood by me as a friend in my practice, and I still retain faith in it. Dr. J. W. King of Tennessee, says:—"Debility is a conspicuous *element* in the fevers of the present day, and instead of seeking to repress vascular, and nervous excitement by direct sedatives," (much less by *debilitating* agents,) "the safest course is to husband the irritability of the system by positive tonics and stimulants."

The same idea was conveyed by Dr. S. B. Hunt, editor of the Buffalo Medical Journal. He said—"Blood-letting, which is so largely recommended by *authors*," (who may have written a third of a century since,) "is in fact ignored in practice. The phlebotomy of an infant is *practically* as rare an operation as that for tying the carotid; and while this holds true, we can see but little harm in the instruction of authors to the contrary. The free use of *antimony* and *mercurials* is also contra indicated by the delicate organization of children, and their *extreme* susceptibility to the impressions made on the *primæ viæ*."

Such is the great danger resulting from the use of purgatives, and all the entire list of debilitating agents, and although purgatives may have been recommended by authors long since, in conjunction with blood-letting, and even practised then, and now, I am fully convinced that their use is pernicious, and I still "strongly object to them, and would recommend"—if need be—"that the bowels be kept open with mild injections;" and I am happy to know that others, among whom are the editors of the New Hampshire Medical Journal, and the eminent Dr. Tweedy, also entertain the same opinions, as shown by the following extract from Dr. Tweedy's admirable article. When speaking of the irritation present in the alimentary canal, in Scarlet Fever, Dr. Tweedy says:—"An irritating purgative, which in hundreds of cases forms the ground-work of the treatment, increases considerably this state of things, *and therefore should by all means be avoided.* I consider this point one of great practical importance, involving the lives of many of our fellow creatures. I have for years felt it my duty to warn parents, guardians and proprietors of schools, &c., against the objectionable and most dangerous practice of giving (even) aperient medicines during the prevalence of any epidemic. They have, *to say the least of them*, in numerous cases, done irreparable harm; lessening considerably, if not altogether destroying all hopes of a good and complete recovery."

Dr. Webber adopts the Thompsonian notion, that "in acute inflammation, there is *an excess of action*," and says that this "cannot be well checked, without the use of agents of a depressing nature." He also says:—"The vital energies of the system, are already depressed by the diseased action;" which latter statement, I doubt not is true; but how it can accord with the Thompsonian notion of inflammation, he does not explain. If both his statements are correct, it would seem that the disease must be an admirable remedy for itself. It is a depressing agent. It depresses the vital energies, and that depression can be carried to any extent; consequently, however acute the inflammation may be, the disease can, by the aid of purgatives, be made as depressing as the inflammation is acute—and as was remarked—in the disease itself we have Dr. Webber's cure for the inflammation:—a true case of Homœopathy.

When the patient is already depressed by the disease, I am of the opinion that Tartarized Antimony and purgatives to the stomach, and cantharadin for the neck of the bladder will do much to lessen all *excess* of action, and the patient, by their means may be made to rest quietly in the—tomb.

But, says Dr. Webber, while admitting that purgatives will increase the irritation of the irritated bowels, "there is a difference between one form of irritation, and another. That some irritations seem in some degree incompatible, and one will destroy another, being in fact, literally, in the strict sense of the word—a *counter-irritant*, while soothing remedies are anti-irritant." In the use of this word, *counter-irritation* the profession have made bulls enough to stock a large Irish pasture, and yet our author has added another to the herd.

The idea of cooling a heated surface of metal or stone, by building a fire with a different kind of fuel from that which had burned on the surface, is plainly parallel to that of subduing an irritation of a part, by causing increased irritation by means of an agent differing somewhat from the original cause; and if the fire in the one instance would cool, then irritation in the other would soothe.

I have been led to suppose that the true counter-irritation, was one induced at a considerable distance from that it was designed to relieve, and that this relief, was the result of the distant action, and not of one similar to the disease, and at the point of abnormal action. That Dr. Webber has no very clear idea of what he would enlighten us upon, is proved by his illustration.

A turgid, blood shot eye, is turged and blood shot—not because the coats of the veins of the eye are in a too actively contracted condition, but because the action is lessened by disease. Sulphate of Zinc being a stimulant to the relaxed coats of the vessels, causes contraction, and gives relief on Allopathic, and not as the writer supposes on Homœopathic principles. Neither the Sulphate of Copper, or Nitrate of Silver are irritants to the eye; they both cause contraction of the tunics of the blood vessels.

The idea of substituting an artificial disease, to cure one already existing may suit Hahnemann and his followers, but certainly is *not* in accordance with the views of modern pathologists.

Chloride of Lime, or Soda in solution, as a gargle are direct antagonists to the oxygenation of the throat, and Tannic Acid, and Catechu, as well as Nitrate of Silver are astringent, and as they lessen the calliber of over-distended blood vessels, they must, if judiciously employed, prove beneficial. They positively do *not* "act on the same general principles, as Capsicum, and other irritants, and therefore, cannot fairly be adduced to sustain this novel idea of the value of counter-irritation.

In regard to the blisters which Dr. Webber takes to his bosom, and lauds so highly—it may not do him any harm to read what Dr. Beck and others, say of them, before they apply them to their little patients.

Dr. Beck says, that "they are more immediate in their effects than on adults—that the local inflammation is greater, and that ulceration and gangrene, and even death are apt to follow."

Dr. Ryan says:—"I have seen a blister on the chest followed by sloughing, and an aperture form over the epigastrium, which exposed the subjacent viscera." Dr. Thompson says that he has seen "gangrene and death follow the application of a blister on an infant." Dr. North states that he has "twice known infants destroyed in consequence of the sloughing of blisters, the progress of which could not be arrested." Prof. Chapman says that blisters induce "gangrene, as I have witnessed in two or three instances." Dr. Roberts has met with two cases where children died from the effects of blisters. Dr. Armstrong says:—"I have a *great dread* of the application of blisters to infants, on account of what is called the *local* and *constitutional* irritation."

When such are the results observed by our most enlightened therapeutists, shall I be condemned for not favoring such "purturbative treatment?" especially in Scarlet Fever, where as Dr. Beck truly says, the skin being diseased, those unpleasant results, are "much more likely to happen, than in the healthy condition of that surface."

The *constitutional* excitement referred to, is usually much greater in infants than in adults. Dr. Beck says:—"So powerful indeed, is the impression thus made sometimes, that convulsions have been produced from this cause." Dr. North says:—"I have *frequently* seen very severe paroxysms of convulsions brought on in consequence of their injudicious and unnecessary application." Dr. North says of those cases where blisters have been applied to children, and the patient has recovered, that the recovery is attributable to other causes "and the blister gains a character, to which in point of fact, it has no claim." Dr. Chowne has so low an opinion of blisters on children, "that he never employed them if he could avoid it." Dr. Ure gives a case where sphacelus occurred from the presence of the blister fly.

Dr. Beck in giving directions for the application of blisters says:—"Long experience has established the fact that it is only under certain states of the system, (even in adults) that they can be used with *any* prospect of advantage," and says, "If this be true in the adult, it is doubly so in the young subject, and any mistake in this respect, is much more likely to be followed by injurious consequences in the latter than the former. Now the conditions which influence the effect of these agents, are the *state of the skin*, and the state of the nervous and vascular systems. With regard to the skin, the part to which they are applied, should be as nearly as possible in a *state of perfect health*. When the skin is in a morbid state, ulceration, and gangrene are by no means unusual occurrences. All this is occasionally illustrated in Scarlatina, and Measles."

Pereira says—"ulceration and gangrene are not uncommon, the latter effect is occasionally observed after exanthematous diseases, especially measles. I have seen death result therefrom in two instances."

Dr. Dunglison says that he has seen several cases of death manifestly caused by the use of blisters in Scarlatina and Measles Dr. Beck says that if blisters are applied when general excitement exists, "they merely add fuel to the fire," and do not put a stop to the fire, as our ancient lexicographer would have us suppose on such testimony as is here presented, in regard to the local and general effects of blisters, we might well discard them from our use in treating this disease; but Dr. Webber finds them to possess another property beside the local and general perturbation here described. In addition to the fuel with which they quench the flame—and the ulcerations and gangrene with which they depress the vitality of the parts, he would make them become companions of his infantile patients, because, forsooth, *he* thinks "*Cantharadin* in small doses is a diuretic of considerable efficacy, and has been found from this very quality serviceable in dropsy, accompanied by a weak and debilitated state of the system, which is generally the case in the dropsy sometimes consequent on Scarlatina."

Let us examine this idea. Debility and weakness of the system usually are present—Blisters are depressing agents—Dropsy comes on sometimes, *after* the first symptoms have disappeared—Cantharadin *is said* to be diuretic in small doses. Hence blisters should be applied to the throat, regardless of all the local and general danger attendant on their use, that by their use the system may receive what is said to be a diuretic, and this, too, some days before it is known whether it will be needed or not. If perchance more than a *little* cantharadin is absorbed, all writers say it will be *sure* to cause such irritation of the urinary apparatus as to be greatly harmful; but blisters have been used for a third of a century, and their use must be defended.

My dear New England professional brothers, with a face devoid of a single line of despondency, I now mentally offer you my right hand of brotherly love, giving you a hearty grasp, and receive your faint pressure in return, while I gently and with none but kindly feelings hint to you, that the science of medicine has made considerable progress within the last three and thirty years—and that an evidence as well as result of that progress, is the discarding of most of your favorite remedies in this disease, and a great decrease in the mortality of the patients. Even a little pumpkin seed tea of the genuine Yankee stamp—or a little tea made from the seeds of the watermelon, or as I might direct, a little catnip tea will be found as efficacious, and less dangerous as a diuretic, than an uncertain amount of cantharadin, absorbed from a blistered surface, days before it is needed.

But while *you* say that Cantharidin acts as a diuretic, of course from stimulating the kidneys to increased activity, you correct what you are pleased to suppose *my* error, in attributing to it the power of over-irritating those organs, and thus suppressing the secretion. The old proverb about misery loving company, may here be repeated, and I am pleased to inform you that nearly every therapeutist has advanced opinions, similar to my own, and have supposed that the irritation at the neck of the bladder, is owing to the effect produced by the morbid urine; and that morbid condition of the urine is caused by the disease of the kidneys, induced by the cantharidin. We are all of a willing mind, and ready to change our opinion on proof of error, but not on mere assertion.

The advantages of *Alkalis* to the surface, rest not on the fact that they change the oil into soap to wash it away; but on the fact that all alkalis are antagonistic to oxygen, which they neutralize and prevent, from irritating and destroying the integuments, and over-stimulating the nerves. Hence if they are used, their use should be followed by some oily application, to re-supply the skin with the requisite amount of oil; that it may not dry up, die, and exfoliate.

Although I may not "have examined and *fairly* met," all the objections Dr. Webber has raised to my former short article, I hope I have written enough to lead to a re-examination of the practice pursued in the treatment of Scarlet Fever—in which each idea as to its pathology and the action of each article used in its treatment, will be strictly examined and tested by the light of both reason and experience—and that nothing will be adopted *merely* because it has been followed for a long period of time—and no *new* idea rejected, merely because it is new.

Many of the old opinions demand a re-examination by the lights afforded by modern science, and the sooner we subject them to the most rigid scrutiny, the better will it be for the profession and the public. With the hope that the other two thirds of a century will be vouchsafed Dr. Webber, to unite in this investigation, I bid him and the subject an adieu.

FOREIGN CORRESPONDENCE OF THE JOURNAL.

Paris, Oct. 1st, 1855.

Messrs. Editors:—I trust your readers will not expect from me, at present, any thing in regard to the Hospitals or medical facilities of this great centre of our profession. Were it the proper season to study these, the great attraction of the place would prevent any thoroughness in the investigation. My limited stay here has been thus far devoted almost exclusively to the Grand Exhibition. I shall try to give you a little idea of those points connected with it which are interesting in a *medical* point of view. The Industrial departments seem hardly to claim a place in a Journal devoted more properly to other topics. I am inclined to think that our profession is as well represented as any other, though it cannot of course present so imposing an appearance as that of many. So far, however, as mechanical ingenuity can be brought to bear upon the advancement of medicine and surgery, or chemistry aid the pharmaceutist in the preparation of the materia medica, or the hygienic condition of a community be improved by physical means, is shown at the present Exhibition.

Of the whole number of Exposants in this, as in all other departments, by far the largest number belong to the French Empire; more indeed than to all the Foreign States which are represented. To be sure the effect of this has been to give to France a place far beyond any other country, or all others, in the extent, variety and perfection of the articles exposed. Yet the Exhibition is, as a whole, much the gainer by it. Indeed, it is appropriate that France should take the lead in this respect. She certainly dictates to the whole world in most matters pertaining to our profession. What she does not do, others cannot, as she has every facility to send her articles to the capital, or present to view the innumerable objects of interest which the chemists, instrument makers, anatomists, microscopists and hygienists of Paris itself possess.

Next to France, the Empire of Austria and the Kingdoms of Prussia and Bavaria are entitled to mention. Their collections, though not large, are of the highest order of merit. Great Britain has done well, but not nearly well enough. Switzerland, Denmark, Belgium, Spain and Holland stand next. The collection of mineral waters from Greece is very fine. Mexico has sent one article alone worth noting; an apparatus designed to prevent epileptics from bruising their teeth. I have looked in vain for those splendid casts and anatomical preparations which I had expected to find in the department devoted to Tuscany. Florence has long furnished our best collections with them, and though Paris and Pavia are now robbing her of her fame in this particular, her preëminence is not yet lost.

I am sorry that the United States make so meagre a display. We have neither cutlery, surgical apparatus, nor medicinal preparations to stand in the Exhibition alongside of the same classes of European manufactures. It would seem that in no department are we so much indebted to the old world. While the medical literature of our country now boasts of names almost as distinguished as any; and while many of our surgeons and physicians have a world wide reputation, European institutions have been the instruments, and European scholars have furnished the material for study. Our anatomical cabinets are altogether imperfect without preparations made abroad; our chemical laboratories are but copies of those upon the continent. Every thing relating to Pharmacy is in a crude state with us. With the exception of some articles made of caouchouc, such as those which the New England physician sees at Mr. Codman's depôt in Boston, and some elegant specimens of dentistry, Mr. Thomson's life seat, a life boat and a few others, we have in reality nothing.

Among the articles in the French department, I have noted many worth mentioning. There are apparatus for the perfect ventilation of houses, ships, and mines, filters, safety lamps, machines for sweeping away snow or mud, apparatus to preserve miners from deleterious gasses, orthopedic apparatus, inodorous cabinets, mineral waters, preserved fruits, concentrated drugs, rare extracts and oils, chemical products, medicinal chocolates and nicely prepared faranaceous powders, machines for pill making and for spreading plasters, new remedies, gum elastic articles, and every variety of bathing machines from a foot basin to a shower bath containing half a barrel.

Then there are ambulances for the transportation of the sick in armies, models of hospitals, every species of surgical and dental apparatus, artificial legs and arms, bandages, splints, artificial teeth, hernial contrivances, Auzoux's and other anatomical preparations in plaster and in wax, portable stalls for the use of veterinary surgeons, apparatus for the reduction of fractures and their subsequent treatment, couches and beds for the sick, birds and animals injected with antiseptic compounds, Lefevre and Revil's heads of animals, groups empailed, artificial eggs, fishes and crustacea, and finally Bourgoyne's microscopical preparations. In regard to these last I am glad to acknowledge that I have seen few collections here which excell the set of dental sections exhibited by Dr. Durkee at the New York Palace.

The whole of this long list, which I have taken in a mass from my notes, though not strictly medical throughout, embraces but few articles which are not designed to add to the well being of the community in a physiological point of view.

In the Austrian department, I remember particularly a very fine collection of orthopedic apparatus, a most admirable and beautiful operating chair, electro magnetic machines for the physician's use, cranioмeters, syringes for mercurial injections of the lymphatics, Dr. Angel Mæstro's (Pavia) wax preparations representing, in large dimensions, the natural history of embryology, and also the respiratory organs of animals.

From Bavaria, I found Dr. Zeiller's (Munich) casts of the races of men, busts of Australians, dissected casts of the eye and ear, female pelvis, and manikins for the student of obstetricy; from Spain, pharmaceutical preparations; Holland has sent some fine eye specula and opthalmoscopes, also some good wax, gelatine and plaster casts; the Kingdom of Great Britain, among other things, a machine for cleaning gutters, concentrated medicines, contrivances for estimating the capacity of the lungs and for the inhalation of ether and chloroform, also surgical and electro-magnetic apparatus.

Among the articles sent by Prussia, are some very fine obstetric forceps and surgical instruments, though the French steel work is generally admitted to be superior to that of Germany. There were some very interesting casts, in the department devoted to Norway, of ancient leprosy.

But I see that I am transgressing. I trust that the readers of this letter will consider the impossibility of doing justice in a description to what possesses an interest only when presented to the eye.

N. E. GAGE.

DR. JACKSON'S LETTERS.

A young physician, fearful that he may be thought ignorant, is tempted to answer too readily the inquiries of the patient, or his friends, as to the diagnosis, prognosis, and the treatment. He will, however, ultimately, gain by not yielding to this temptation. Sensible men, and sensible women too, will give him credit if he takes time to think before he speaks. I would not counsel any affectation; do not say that the case is uncertain, with a wiseacre shake of the head. This will not ultimately advance your reputation. Be cautious, but, at the same time, frank; and, when you have made up an opinion, state it plainly. Be slow to give an alarm as to the result, especially to the patient; for to judicious friends it is best to state all your apprehensions. It is sometimes quite essential, though not so often as you might suppose, to hide your fears entirely from the patient, and from anxious friends who surround him. This is justified only where it is evidently for the welfare of the sick, to whom, certainly, you ought not to make your knowledge work an injury. Every one will admit the propriety of this where the mental powers are impaired. But also with young persons, whose minds are immature, and with persons who are morbidly apprehensive, it is often dangerous to acknowledge your fears. When conscious that you are influenced only by benevolent motives, and that you *must* deceive the patient, do it thoroughly; do not try to save yourself by equivocal expressions. If a patient of sane mind and of adult age demands your honest opinion, give it to him distinctly; even then do not couch it in the coarsest terms, but use the mildest words which will answer your purpose.

A common inquiry on the part of the patient and his friends is as to the *cause* of disease. To this inquiry they are sometimes answered by the physician in blind terms, which they cannot understand. It is unworthy of a scientific man to make a reply to such queries in terms which are designedly unintelligible; and yet it is often impossible to do it in terms which will be properly understood. If a professor at a clinical lecture were stating to his pupils his views in such a case, he might, perhaps, occupy an hour in so doing; and this to pupils so far advanced as to understand the scientific terms he would employ. How, then, can he make a brief, and at the same time an intelligible reply to a common patient? But there is another difficulty which I will not disguise. This is, that in many cases we do not know the causes. Thus, in diseases of the skin, it is often impossible to assign the true cause; that is, the true efficient cause. From these considerations I have thought it better to avoid the discussion of causes as much as possible, never hesitating to avow that physicians are much more ignorant on these points than they are supposed to be; or, at least, that this was true in my own case.

I have known one physician who could hardly be made to answer any question, during his visits, on points not relating to his patient. He was, perhaps, too dry, too stiff. But his course was admirable compared with that of the gossiping doctors, who talk over all the affairs of the village, almost forgetting the patient immediately before them. I need not point out the numerous evils of this course.

Of many cases, and even of all, it may be desirable to keep notes; but there are some evils attending this. If the notes are taken during the visit, they must be brief, often hurried, and then not worthy of reliance. If taken afterwards, at home, many circumstances may be forgotten. Taken during the visit, they distract the attention, and the physician puts his knowledge on paper without fixing it in his mind. We would desire that the physician should give himself to the examination of his case, until it should become daguerreotyped upon his mind. This is not so likely to be done, if he is occupied with his pencil and his note-book. However, men differ in their capacities; and some are able to get the benefit of notes, without the evils which

I have suggested. If you do take notes, use them; put them in a form to be useful. Set down carefully all the phenomena — what you do not understand, as well as what you do. Then transfer the whole in a systematic manner to your large case-book, at home. Review your notes from time to time while the case is going on, and, when it is finished, subjoin to your notes such reflections as they may give rise to.

Your directions as to medicines, diet and general management, should be given with great care. Make them clear and exact, and state whether they are to be followed literally, at all events, or whether anything is to be trusted to the discretion of the attendants. In grave cases, or where the drugs are potent, it is best to put the directions in writing. If possible, deal with the real nurse, whether she be the mother or a nursery-maid; for directions, which pass from one person to another, are very likely to be misstated. When you make your prescription, settle in your own mind what direct effects are to be expected from the medicine, and in what way it is to benefit the patient. Afterwards note whether the results are such as you had anticipated, or in what way they have been different from your expectations. It is in this way you can make your experience beneficial. It is a grateful thing to see your patient get well in any way, but it is important, for those who are to follow him, that you should know how far your treatment had helped him, or hurt him.

I said that you should enter the room of a sick man in a calm manner, and with a sober air, showing your desire to learn the state of your patient. I will now add, that, if possible, you should leave the room with an air of cheerfulness; such as should give all the hope, which the case will justify, for the comfort of the patient and his friends.

It is your interest, as well as your duty, to render all the service you can to those who call for your professional aid. And, first, you should attend to the calls which are made on you with the least possible delay; not, however, breaking an old engagement for a new one. Next, be punctual in your attendance. If possible, make your visit when it is expected, and let it be known when you should be expected. Entire precision in this respect is not possible; but it should be approximated. It is proper to decide in your own mind, during one visit, when you will make the next; for you will then think of all the circumstances which should decide you, which you might forget the next morning. If it is a matter of indifference, let it be known that the time is uncertain, so that the patient may be saved from anxiety, or other inconvenience. To a man in full practice these arrangements are attended with difficulty. But one who realizes that they are important to the comfort, and sometimes to the essential welfare of the patient, will be able to conform to them more easily than might be anticipated.

It is proper for a physician, as it is for other men, to take care of his reputation. His success in life depends on it. He should, however, be more ready to meet any charge against him on the score of fidelity and honorable conduct, than on account of skill. He will sometimes suffer from the ignorance of those about him. A stupid and tattling nurse, or a silly fine lady, may do him real injury; and this is the more vexatious and mortifying because he cannot meet them on fair grounds. If his skill is called in question, he cannot condescend to defend himself against such assailants. If they circulate falsehoods, it may be necessary to expose them. But, if the charges are not grave, it is better to disregard them. Above all, he should not court such persons as I refer to, with a view to prevent injury from them. Foolish friends may do him great harm. They may desert him; but, what is worse, they may give him injudicious praise. If he can help it, he should never let any one cry him up; not even the wise and good. It must be his wish that such persons should think well of him, but not that they should give him extravagant praise. On the whole, one need not fear that he shall not get sufficient credit. I have often remarked that, though a physician is sometimes blamed very unjustly, it is quite as common for him to get more credit than he is fairly entitled to; so that he has not, on the whole, any right to complain.—pp. 35—41.

(For the N. H. Journal of Medicine.)

THE TREATMENT OF TYPHUS FEVER.

The etymology of the term Typhus Fever, which is from the Greek *Tuphos*, stupor—and the Latin *Ferveo*, to burn, simply means *stupid fever*. The term Typhoid is much used, as I think, unnecessarily; it barely signifies like Typhus or mild Typhus, and like mitior, gravior and malignant only expresses grades of the same disease. Words should convey ideasand "typhoid" is in my estimation used improperly, when used to designate a fever characterized by great debility, stupor, and a tendency to putridity of the fluids. But names are of minor consequence while we all know that dysentery and inflammatory diseases very seldom prove fatal, unless the fever assumes the typhus type.

I have often asserted and now repeat that if twenty five cents worth of medicine will not cure a fever, twenty five dollars worth will not. I am confident that too much medicine is dispensed by a large majority of physicians in these cases. Pure air and water are the best remedies, very cheap and easily procured. A thorough ventilation should be enjoined and persisted in, sponging the body with cold water at each exacerbation, wet cloths on the head, (or water poured on if necessary to keep it cool,) also cold wet cloths on the abdomen are very simple applications but of great utility.

As the urine is usually scanty, high colored, ichorous and offensive, diluent and diuretic drinks, such as solutions of nitrate of potash and bi-carbonate of soda, and sweet spirits of nitre are demanded.

At the onset of the disease an emetic of ipecac or a mercurial cathartic is often of benefit, but cathartics should be prescribed with much caution in the later stages. The patient is safer to pass four or five days without a movement of the bowels than to have a diarrhœa from the irritation of a cathartic, as is often the case. Such states of the bowels are very dangerous and often fatal, and in cases where we succeed in arresting the diarrhœa it causes great debility and a prolonged convalescence.

It is within the knowledge of nearly every physician that the Homeopaths have cases of Typhoid fever which recover, for the good reason that they make free use, both externally and internally, of cold water and diluent drinks; their minute doses of inert substances having no possible effect except upon the imagination of the patient. In reality the practice of Homeopaths and Hydropaths is the same.

It is within the recollection of many physicians, that a few years since a ship's crew of foreigners with the worst grade of typhus were landed on Long Island, and placed in leaky open sheds, and all recovered. In these cases, pure air was the potent remedy; I can state with great confidence, that a patient is safer in an open house, where the hand or arm may be thrust through the cracks, than in a palace, and the practitioner who uses the least medicine (strictly so called) in this disease will have the best success. When a person is rich, the friends usually think they must be stuffed with medicines; James' powder being an old remedy in this disease, and of very little power, or wholly inert, for this reason and to satisfy the friends, I use it, and my success is such, I have no reason to complain. Some writers, and practitioners aver, that this fever can be arrested in its incipient stage, as catarrhal fevers are. I have in mumerous cases tasked all my energies, but never succeeded.

Pure air, cold water, externally and internally, with cooling acidulated drinks with rest and quietude are essential remedies. Diaphoretics are frequently useful, cool drinks will usually relax the pores far better than the quantities of bark and wine, used in the last century.

I am aware the above views will disturb some of the Faculty, but I have attempted to relate facts, if I have not, they are at liberty to disprove them.

ARIEL HUNTON.

Hydepark, Nov. 11*th* 1855.

[We are not inclined to think that any intelligent physician will deny the value of the treatment above indicated, in the main. With regard to the question of arresting or "breaking up" the typhoid fever, we are perfectly well satisfied that it cannot be done. The only point upon which we differ from our respected friend is, that we think the views herein expressed are now essentially the views of "the Faculty."—ED.]

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, DECEMBER, 1855.

ECLECTICISM—"THE ECLECTIC PRACTICE OF MEDICINE."* It is a difficult task to examine a work like this, which professes to establish a new order of physicians, and all the while keep our minds free from the prejudicial influences which our education and habits of thought are inclined to exert. It is also extremely hard to give up long cherished opinions, and no one is to be expected to do so, only in view of an overwhelming weight of evidence. None but a weak mind will give ear to new and startling theories, however plausibly urged unless sustained by a strong array of indisputable facts, and in this degenerate age the ipse dixit of no one man is to be received as evidence unless it coincides with the weight of collateral testimony.

We profess to be as free from professional bigotry as most men, and are willing to acknowledge that our bump of veneration is but slightly developed. We have but little veneration for any doctrines or opinions merely because they are or have been popular, and consequently claim that we are ready to forsake error and embrace truth whenever clearly brought to our view.

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* The American Eclectic Practice of Medicine. By J. G. Jones, M. D., &c., and S. V. Morrow, M. D., &c. pp. 788 and 862.

We have delayed noticing this work for some months that we might be prepared to speak from what we know, we are now prepared to say that aside from all its pretensions to eclecticism which are of no weight in our view, we consider it calculated to mislead its readers and to do mischief to the community at large, so far as they should be so unfortunate as to be drugged by practitioners who follow its teachings.

Aside from the dishonesty of these so-called Eclectics in making claim for differences in practice which do not exist, and differing only for the worse, we decidedly object to the free use of active drugs which this work teaches. We are free to admit that a great fault in all systematic works is the too great importance attached to drug medication, but we are fairly overwhelmed with the dosing propensities of the Thomsonio-Botanic authors of the American Eclectic Practice.

We are sure that too much medicine is administered, and too much reliance placed on mere drugging, by many otherwise excellent Physicians, and would urge upon all, both regulars and eclectics, to devote more time to devise ways to cure disease without drugs than to making additions to our already overloaded materia medica.

The Obstetric Memoirs and Contributions of James Y. Simpson, M. D., &c. *Edited by* W. A. Priestly, M. D., *Edinburg, and* Horatio B. Storer, M. D., *Boston. Published by J. B. Lippincott & Co., Philadelphia. pp.* 756.

The editors have here collected the more valuable of Prof. Simpsons Essays on subjects connected with Obstetric Medicine and have rendered the profession a material service in so doing. While there are honest differences of opinion in relation to many subjects treated of in this volume no one can read it without acquiring new and valuable ideas in relation to the obstetric art. It is one of those books, having nothing of an elementary or text book character, which must be read by every man who aims to keep thoroughly posted up in his profession.

Those questions upon which there are different opinions entertained and different lines of practice adopted, are discussed in a masterly manner. We urge upon our friends to buy and read this book of which we shall have more to say hereafter.

A TREATISE ON EPIDEMIC CHOLERA. BY HORATIO GATES JAMESON SENR., M. D., &c. *Published by Lindsay & Blakiston, Philadelphia. pp.* 286.

This is a very learned history of a large number of epidemics. Dr. Jameson who has deceased within a few weeks, was a very old man and had had a large experience in this disease. It is altogether a valuable addition to the literature of this imperfectly understood pestilence.

PRONOUNCING MEDICAL LEXICON, CONTAINING THE CORRECT PRONUNCIATION AND DEFINITION OF MOST OF THE TERMS USED BY SPEAKERS AND WRITERS ON MEDICINE AND THE COLLATERAL SCIENCES, WITH ADDENDA. BY C. H. CLEAVELAND, M. D., &c. *Published by Langly & Brothers, Cincinnati. pp.* 302 16 *mo.*

This is an excellent little work and we heartily recommend it to every student, as well calculated to induce a habit of correct pronunciation. It is certainly the best pronouncing lexicon of medical terms to be found in our language and its definitions are sufficiently copious.

LETTERS TO A YOUNG PHYSICIAN, JUST ENTERING UPON PRACTICE. BY JAMES JACKSON, M. D., L. L. D., &c., &c. *Boston, Phillips Sampson & Company, New York, J. C. Derby*, 1855., *pp.* 344.

This is the title of a little work that has lately made its appearence from the pen of one, than whom no one in New England has ever stood higher in the ranks of the medical profession. Many of our New Hampshire physicians received the public part of their professional education in the Medical College at Boston, and to those of them who are now at middle age, or a little past, it would seem superfluous to say any thing to remind them of the claims on their attention that such a work must have. His high professional standing, his excellence as a lecturer, and the respect and confidence his presence and manner uniformily inspired, can hardly fail to fill his former hearers with a wish to receive the latest words of wisdom from him, to whom they so long listened with respectful attention and implicit trust. In others, his well earned fame, and the long continuence of his professional career, if they have anything of the scholastic, or scholarlike taste that ought to belong to the profession, will we think excite a similar desire.

That Dr. Jackson has not written earlier and more fully on subjects connected with the profession in which he practically so excelled, may seem strange to those who do not fully know how arduous and unrelaxing are the labors to which such eminence calls; how completely they fill the time, engross the thoughts, and exhaust the physical energies, so that even the most reflective and philosophical mind finds it difficult to digest and generalize the ever repeated and incessantly varying recurrences of facts, even so much as is required by the continual demand for action; and all but impossible, unless under peculiar circumstances and with peculiar advantages, to reduce them to a written form that shall be satisfactory—not so much to the body of the profession as to themselves.

Of medical literature so called, that is of books and treatises on professional subjects, there is a great abundance. How worthy they all are of confidence, is a different thing. Some write, not from the fulness of practical knowledge but because they have it not—because they desire to have it, and hope, by bringing their names before the the public as authors, to obtain a notoriety that will bring them employment. Some, from partial and limited practice conceive a theory of some thing or point, and hope to win fame by making it known; some write to see themselves in print; while the few really good books that from time to time make their appearance, and form an important acquisition to the profession, are mostly the works of those, who, whatever their mental excellencies and cultivation, have not been too highly appreciated by the bedside of the sick, to leave them sufficient leisure for the mental effort and bodily labor of giving their opinions and experience a settled form, and clothing them in written words.

That Dr. Jackson should favor us with the results of his long experience and from the immense field of observation through which it has been his lot to pass, was much to be desired, but not much to be expected. That he has in any degree done so, we are glad, and cheerfully receive any portion of that experience, that his convenience, in a now advanced period of life, may enable him to set before us. This book is but a small one, and treating generally of a few important subjects, but the lesson of wisdom contained in the dedication, if thoroughly practised by the members of the profession universally towards each other, would alone be well worth to every man of them the purchase of the book. In their treatment of each other in many places, and in some degree in almost all, the sons of Esculapius bear too great a resemblance to the sons of Ishmael, and thereby lose both confidence and esteem in the estimation of the public. Among the people too much is done to encourage the feeling of rivalry, that is ungenerous and hostile rivalry, by those who either delight in strife, or sordidly hope for some advantage to themselves out of its contingencies.

It is not our purpose to enter into any particular discussion of the contents of this little work, but we could not but think it due to the eminent services and high position of its author, that some notice should be taken of it, and that it should receive its merited tribute of respect from the Profession. None, we think, who weigh well what they read, will peruse it without pleasure, and very many, we are well assured, may derive advantage from so doing. Yet we cannot but think though it will be most useful to those of the class to one of whom the letters are addressed, yet that it will be most gratifying to those of much longer standing, to those who have borne the toil and heat of the day, who have long labored in the responsible duties of their calling, who have often met with success in their exertions to relieve or palliate disease, but who also have often had but to much reason to know how futile in many cases seem to be the best directed efforts of our skill, and have thus learned to look with no more than a sober and distrustful confidence upon its boasted powers. To such the modest and veracious counsels and opinions of our eminent authors will seem as they are, the words of sober wisdom and long experience, and will be valued accordingly. While to the young, just issuing from the halls of science, in their new panoply of weapons for combating disease, and with the ensigns of their new rank still fresh and unsoiled by the strife, it may seem, that one like our author might have unfolded more positive and far reaching views, and given much more copious, varied and powerful directions for the guidance of those entering upon their task, nevertheless, to such we would say, read the little work attentively, and ponder it well, you will not repent so doing. It need not damp your ardor or your confidence in what you can and will do, but a remembrance of its precepts may in many instances be serviceable, and when a few short years of experience have passed over you, you will find if you recur to it, much truth that may now escape your observation.

The fame of the illustrious Heberden had reached us in our pupilage, and we well remember the expectations with which we took up his commentaries, when the fulness of time came for such reading, and how much we were disappointed, though the work was one of far greater pretensions than this, that one of his high standing as a practitioner should have given us so little as the results of his long and large experience compared with the fullness and minuteness of systematic writers on diseases. We have since learned to understand why it was so. S. W.

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R. M. HUSTON, M. D.,
July, 1848. *Dean of the Faculty*, No. 1 Girard street.

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Robert Peter, M. D., Professor of Chemistry and Pharmacy.
James M. Bush, M. D., Professor of Special and Surgical Anatomy.
Samuel Annan, M. D., Professor of Obstetrics and the Diseases of Women and Children.
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Lexington, July 1, 1848. ***Dean of the Faculty.***

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